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MENTAL NURSING.

"To have nurses in every ward who can make an intelligent analysis of mental symptoms and detect many of the important particulars in which disorder exists, is not only to have instruments in one's hands for the precise application of remedial influences of 'moral treatment' of a kind before unavailable, but it enlarges the physician's own knowledge of morbid conditions. The asylum thus becomes a hospital in truth, and both the humane and the scientific spirit are invited to dwell and flourish in it."—Dr. Cowles, *Burdett's "Hospitals and Asylums of the World"*.

MENTAL NURSING

OR

LECTURES FOR ASYLUM ATTENDANTS

BY

WILLIAM HARDING, M.D. (Ed.), M.R.C.P. (Lond.)

ASSISTANT MEDICAL OFFICER, FEMALE DEPARTMENT, BERRYWOOD, NORTHAMPTON

WITH MANY ILLUSTRATIONS

SECOND EDITION: ENLARGED AND REVISED

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PREFACE TO SECOND EDITION.

The fact that a Second Edition of this little Book has been called for within twelve months is a satisfactory proof it has helped to supply a long-felt want. Its aim has been to give in as simple and concise a form as possible that information which is necessary for all who have charge of the Insane. Chapters on Puerperal Insanity, Hysteria and The Nursing of the Insane in Private Houses have been added to the present Edition. It is hoped that these additional chapters may render the Book more useful to Nurses engaged in private work.

W. H.

Berrywood, *Jan.*, 1894.

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MENTAL NURSING.

Chapter I.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

Introductory. Skeleton. Joints. Muscles. Respiratory system. Digestive system. Circulation and lymphatic system. Organs of excretion.

Among the most lowly of all living things is a little creature which consists of but a tiny microscopic speck of jelly-like material. It has no bones, muscles, nor digestive organs as we understand these structures. That one little mass fulfils all the duties necessary for the preservation of life. It takes food into the interior of its substance, absorbs the nourishment there is in it, and puts out the indigestible portions from some part of its circumference. When it wishes to alter its situation it simply protrudes a portion of its jelly-like mass, and then, as it were, flows in that direction. Thus the lowest forms of animal life may consist of a simple structureless single "cell". Creatures higher up in the scale of

life are made up of groups of these tiny bodies called "cells". In the lower forms they may be few in number or simple in structure. As we ascend still higher, we find that animals are composed of myriads of cells and that certain groups of these have taken particular duties upon themselves, and are changed or modified so as to best perform those duties. Some are changed so as to form a support or framework for the body, and these we find massed together as the bones; others devote themselves entirely to the production of movement, and these are altered into muscles; another section have as their sole duty the nourishing of the body; others form the organs of the circulation; while another division devote themselves to casting out waste and harmful substances from the body. We have here a very different state of affairs from that which prevailed in the single celled, structureless little creature. Its mass performed alone many duties which in us are undertaken by separate organs, formed of collections of cells specially adapted for that purpose. In order that this complex machine, the body, may be kept healthy and vigorous, it is necessary that these different organs should be kept in touch with each other and that there should be some central directing and combining power. To fulfill this end certain cells were set apart, and these cells constitute what we call the nervous system. Thus all the organs of the body are but parts of one complete whole; the different parts of which are linked together by the

nervous system. Disease of any particular organ must tell more or less upon the nervous system, and disease of the nervous system reacts to a greater or less extent upon the body at large.

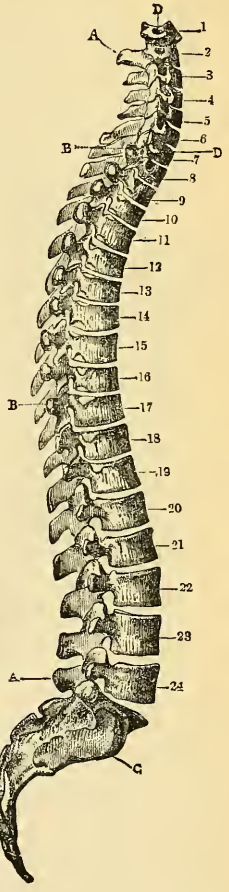
We find that this body of ours is composed of :—

1. *Bones,* which build up the general framework and afford protection to important structures.
2. *Muscles,* by which the various movements are produced.
3. Fat and loose fibrous tissue, which form padding and bind the different organs together. Skin, which forms an outer covering over all.
4. Organs by which substances necessary for nourishment and maintenance of life are taken in.
    (*a*) *Respiratory system.*
    (*b*) *Digestive system.*
5. Organs by which materials necessary for nourishment, etc., are distributed, and waste materials collected for excretion.
    (*a*) *Circulatory system.*
    (*b*) *Lymphatics.*
6. Organs by which waste and poisonous materials are cast out of the body.
    (*a*) *Lungs.*
    (*b*) *Kidneys.*
    (*c*) *Skin.*
    (*d*) *Bowels.*

7. *Nervous system* by which the whole body is governed and its different parts made to act in harmony. Through it the various organs are put in motion or their activity restrained as is best for the welfare of the creature. In the lower animals the nervous system is well developed as regards the needs of actual existence; in man it has reached its highest point. By it he thinks, wills, and feels; thanks to it he is the lord of living creatures.

The skeleton or bony framework of the body is made up of more than 240 bones. Bones are composed of grisly substance impregnated with earthy matter. In childhood the grisly material is proportionally in greater amount and at that period of life bones may bend without snapping, or may only break in part as a green twig does when it is overbent. In aged persons the earthy matter is in greater amount; their bones are therefore brittle and fractures easily occur. The central column of the skeleton on which the skull rests is called the spine. This is composed of a number of small bones called vertebræ placed one upon the other with a buffer-like arrangement of elastic matter between each two. There is not much movement between any two single vertebræ, but the spine as a whole is very flexible and allows the body to be bent about freely in any direction. Each vertebra has a hole through it and these holes being placed one above the other make a

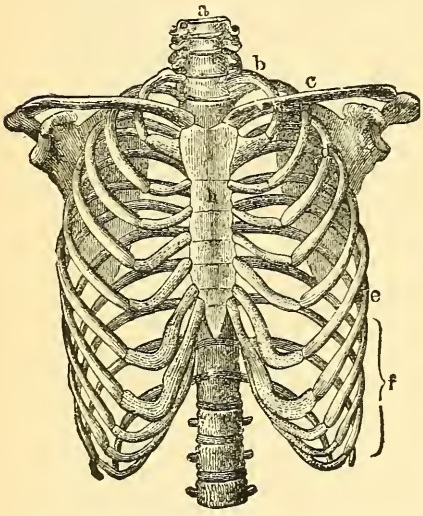
long tube in which the spinal cord lies. By an opening in the under-surface of the skull this tube in the spinal column is directly continuous with the cavity of the head in which the brain is protected. The spine for convenience of description is divided into regions; thus we have the *cervical* or vertebræ of the neck; the *dorsal* or back vertebræ; the *lumbar* or loin vertebræ; and the *sacral* and *coccygeal* vertebræ which are firmly united together and with the two haunch bones, to form the pelvis.



VERTEBRAL COLUMN (lateral view).—1 to 7, bodies of cervical vertebræ. 8 to 19, bodies of dorsal vertebræ. 20 to 24, bodies of lumbar vertebræ. A A, spinous processes. B B, articular surfaces of transverse processes for the tuberosities of the ribs. C, articular surface of sacrum.

The skull is composed of the bones forming the vault in which the brain rests, and those of the face. With the exception of the lower jaw, which is loose for the purposes of mastication, these are all firmly joined together. The bones forming the brain case are united in such a manner as to give the greatest amount of strength considering their weight and bulk. The bones of the head also defend the organs of the special senses of sight,

hearing, smell, and taste. The inner ear is well concealed within its bony walls, and the mucous membrane of the tongue and nose are also under cover. The eye must be open to the rays of light and at first sight appears much exposed to injury. This is not so in reality. Epileptics fall and often bruise their faces severely; yet though black eyes are common, injury to the eyeball is very rare.



THE STERNUM.—c, clavicle. d, scapula. e, true ribs. f, false ribs. h, sternum or breast bone.

The upper two cervical vertebræ are specially adapted to allow of free movement of the head. The cervical vertebræ are the only bones in the neck.

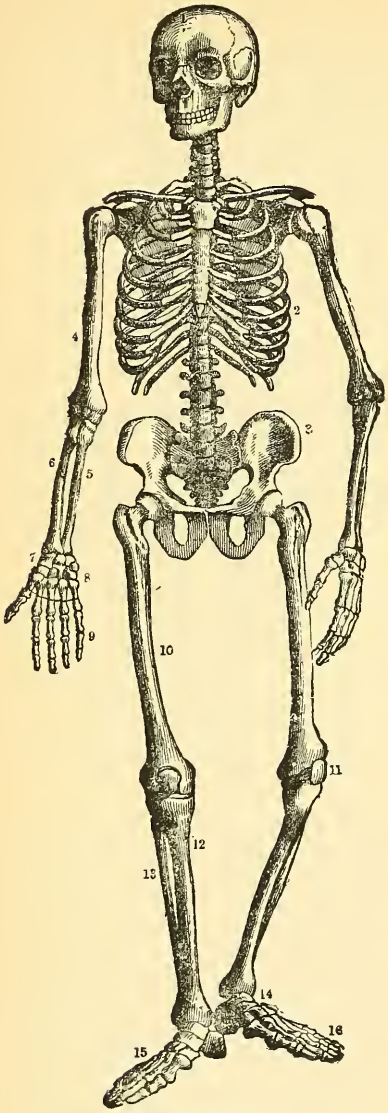
The dorsal vertebræ are twelve in number and to each of them two ribs are attached, one on each side. These are long slender bones which curve round from the spine behind to the front of the body. With the exception of the two lowest on each side, all are directly or indirectly attached to the breast bone. The spine behind, the breast bone in front, and the ribs curving round between them, form the bony walls of the chest or thorax. The breast bone and ribs are movable and can be raised by the action of

certain muscles, thus allowing the cavity of the chest to be increased in size. When these bones are clothed with muscles, etc., they close in the sides of the chest which is shut off from the belly below by an arched muscle called the diaphragm. Very important organs lie in the chest: *viz.*, the heart and large blood vessels, the lungs, and the œsophagus or gullet.

The lumbar vertebræ have no ribs joined to them, and the abdomen or belly is unprotected in the front and at the sides by any bony structure except at the very lowest part where the massive haunch bones are united in front forming the walls of the pelvis. The abdomen contains the stomach and intestines, the spleen, the liver, pancreas or sweetbread, the kidneys and large blood vessels. In the pelvis lie the uterus or womb, the bladder (when empty), and the termination of the bowel. The bladder when distended and the uterus in pregnancy rise out of the pelvis and reach up into the lower half of the abdomen.

The bones forming the shoulder girdle, which attaches the upper limb to the trunk, are the clavicle or collar bone and the scapula or blade bone. The clavicles are curved bones which stretch on each side from the breast bone out to the shoulder. They set out the shoulder from the chest and thus allow greater freedom of movement to the arm. The scapula is a broad flat bone lying on the back of the chest and joining with the clavicle at the shoulder.

It strengthens the chest wall and affords attachment to powerful muscles which move the arm.



THE SKELETON.

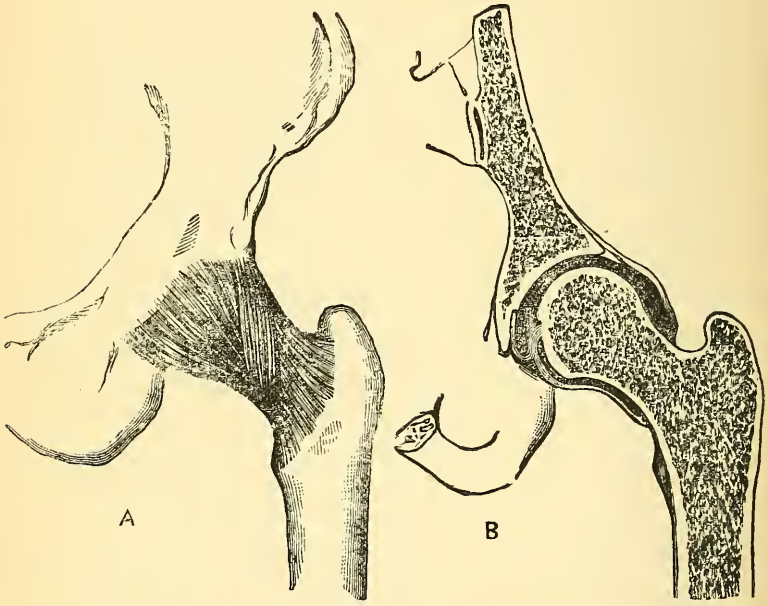
That part of the arm from the shoulder to the elbow is called the upper arm, and contains but one bone, the humerus. The round head of the humerus plays in a shallow socket in the scapula and has free movement in every direction. Dislocation sometimes occurs very easily and is not infrequent in epileptics during a fit. The lower part of the arm from the elbow to the wrist is called the forearm and in it there are two bones: the *radius* and *ulna*. When the arm is extended with the hand flat and the palm upwards, the radius is on the outer or thumb side. If we now move the hand so as to

alternately bring the palm and the back of the hand upwards, the radius alone moves while the ulna remains fixed. There are a number of small bones in the wrist and hand.

The bones of the lower limb are stouter and stronger than those of the arm. They have to bear the weight of the body which is transmitted to them through the haunch bones. The arrangement is much the same as in the arm. In a deep socket in each haunch bone the rounded head of the femur or thigh bone works. Like the forearm, the leg contains two bones. On the inner side is the tibia or shin bone, on the outer side is the slender splint bone or fibula. The foot, like the hand, is made up of a number of small bones. In man the leg is adapted for progression, while the arm admits of great variety of movement, and the hand is specially adapted for grasping or holding objects.

Joints. The places where the bones are joined together are called joints. It is evident that the joints cannot be all alike. The bones of the head (except the lower jaw) and those of the pelvis require to be firmly united together. Those of the limbs must be joined so as to allow the necessary movements to take place. In the shoulder and hip we find that the joints are of the ball and socket type and permit movement in all directions. In the knee, elbow, and fingers we find examples of the hinge joint, that is a joint which, like the hinge of a door, only allows a to and fro movement. The opposing

surfaces of the bones, covered with a glistening substance called cartilage, fit into each other and are held together by strong fibrous bands which pass from one bone to another, completely casing the joint in. In joints like the shoulder, where free movement is needed, this fibrous capsule is looser than in the case of a joint where the movements are



THE CAPSULE OF THE HIP JOINT. INTERIOR OF THE HIP JOINT.

more limited. Within this capsule is a synovial membrane which secretes a fluid for the purpose of moistening and lubricating the opposing surfaces so that they may glide easily upon each other.

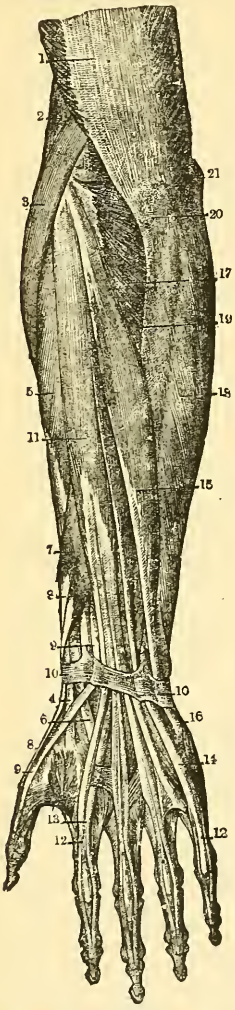
Muscles are of two kinds: voluntary muscles, or those which are under the control of our will, and involuntary muscles, or those over whose action we

have no control. Those which move the framework of our bodies are voluntary; that is, we can order them to act or to rest as we please. Those which are the moving powers in the heart, blood vessels, stomach, intestines, bladder, and uterus are involuntary. Their action proceeds without our being able to control it, and even in some instances without our being aware of it.

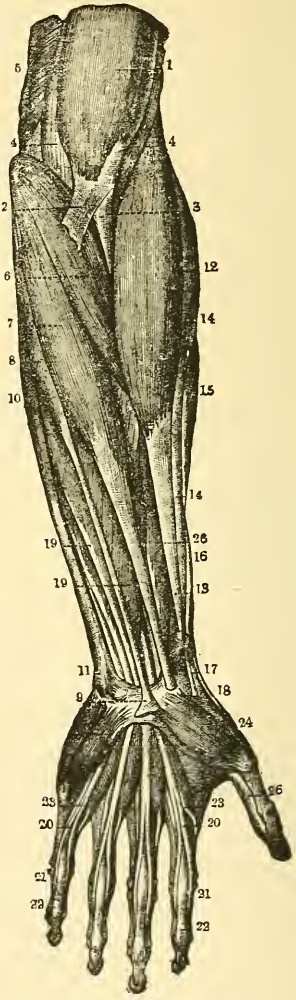
A voluntary muscle consists of a mass of tiny muscular fibres bound together with fine fibrous tissue, and having tough fibrous cords firmly attached to each end. By means of these cords the muscles are attached to bones, etc. The tiny muscular fibres have the power of contracting, that is, they shorten and become thicker. This causes the bones to which the muscle is fixed by its tendons or fibrous cords to be drawn upon with a force corresponding to the force with which the muscle contracts. If one of the two bones between which a muscle is stretched be fixed and the other movable, when the muscle contracts the movable one will be drawn towards the other. This may be easily proved. Stretch out the arm to its full extent, and, after laying your hand upon the middle of the front of the upper arm, bend the arm forcibly. You will feel the muscle shorten and thicken under your hand, and near the front of the elbow you can feel the tense tendon by which it is attached to the bone of the forearm.

The bones and muscles have their irregularities

filled in and rounded off with a padding of fat and are covered in by skin which serves as a protection as well as an organ of excretion.



The Posterior Muscles of the Left Forearm.



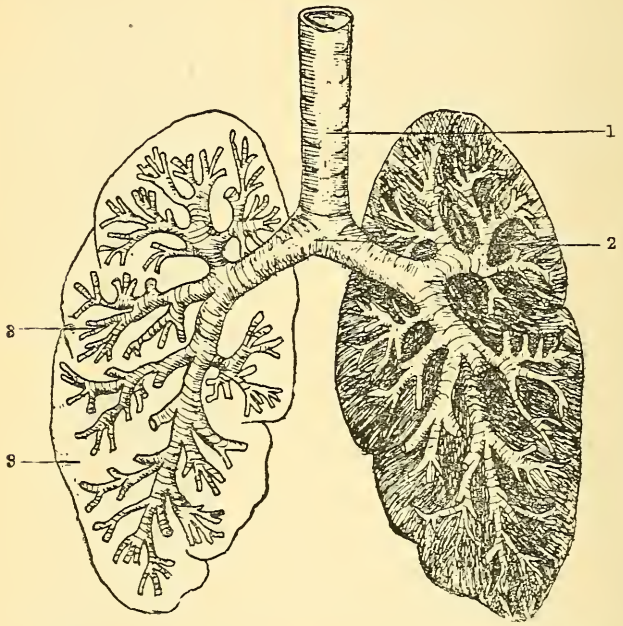
The Anterior Muscles of the Left Forearm.

The body requires a constant supply of nourish-

ment to repair the waste which is always going on, and life cannot be maintained without a supply of a life supporting gas, oxygen, which we obtain from the air around us. This oxygen is taken in through the respiratory system. Water and the various kinds of food are taken in by the mouth, and it is in the stomach and intestines that digestion and absorption go on.

The *respiratory tract* commences at the nostrils through which alone we should take in breath. In passing from the nose to the windpipe the air is warmed, and dust, etc., partially filtered from it. The sensitive mucous membrane of the nose and throat also gives warning of foul smelling or irritating substances in the air. At the top of the trachea or windpipe is the cartilaginous box called the larynx or organ of voice. This is familiar to us all as the projection in the throat known as Adam's apple. The entrance to the larynx is very narrow; in fact only a slit between two membranes, called the vocal cords. When these cords are rendered tense by the action of certain muscles they can be thrown into vibration by a current of air and the sound which is produced is the voice. The windpipe is composed of a succession of rings of cartilage, and commences immediately below the larynx. The upper rings can be felt with the finger. It passes down into the chest and, behind the breast bone, divides into two branches, the right and left bronchus. Each bronchus divides and subdivides until it forms a great number

of small tubes. Each tube ends in a bunch of little bladders like a small bunch of grapes. The walls of these little bladders consist merely of a thin elastic membrane, on the outside of which tiny blood vessels with very thin walls are thickly placed. Thus the air in the bladders is brought into close relation with



Section of Lungs.—1, windpipe. 2, bronchi. 3, 3, bronchial tubes.

the blood in the blood vessels. The tubes formed by the division of the right bronchus with the bladders in which they end are bound together in a mass by fine fibrous tissue and this mass forms the right lung. The left lung is similarly formed. Each lung therefore consists of a collection of tiny elastic bladders, which communicate with the windpipe through the

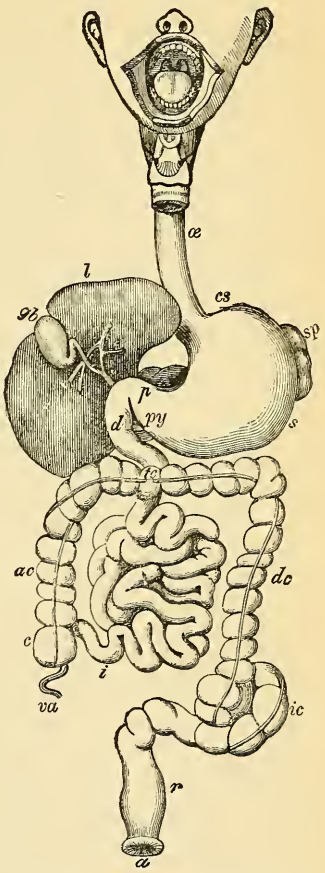
tubes formed by the division of each bronchus. The lungs are suspended freely in the cavity of the chest, one on each side of the heart. The outer surface of the lungs and the inner surface of the chest wall are covered with a smooth membrane which allows the lungs to glide freely as they become larger and smaller during inspiration and expiration. The ribs and breast bone being raised by the action of the muscles attached to them, and the depth of the chest being increased by the contraction of the diaphragm, air rushes into the elastic bladders in the lungs and distends them. This is what happens when we take a breath. In ordinary breathing, at the end of inspiration the weight of the ribs causes them to fall back to their former position; the elasticity of the walls of the abdomen push back the diaphragm; and the elasticity of the lungs aids in expelling the air from them. When breathing is difficult then certain muscles are brought into action to assist in expelling the air. This process of breathing in and breathing out takes place in health about eighteen times in a minute. The rate of the breathing is much altered in some diseases.

The air that is breathed in gives up oxygen to the blood and receives a poisonous gas carbonic acid from it. Thus the air which leaves the lungs is poorer in oxygen and richer in carbonic acid gas than that which went to it, while the blood in passing through the lungs has been purified by giving up its poisonous carbonic acid gas and receiving in return

the life-supporting gas oxygen. The lungs act both as organs for taking in matter necessary for life, and also for excreting poisonous material.

The digestive tract commences at the mouth and ends at the rectum or lower end of the bowel. It forms a continuous tube into which the secretions of various glands are poured at various parts of its course. These secretions act upon the different constituents of the food and digest it; that is, they change it from an insoluble to a soluble form, or from a state in which it cannot be absorbed into the system into one which can be so absorbed. Food is taken into the mouth where it is subjected to the grinding action of the teeth and lower jaw; in other words it it masticated. This is necessary in order that it may be broken up sufficiently to allow the digestive juices to act upon it. It is, in the mouth, mixed up with saliva, the secretion of the salivary glands. It is then formed into a mass by the muscular action of the tongue and projected backwards towards the back of the throat where it is grasped by the muscles of the gullet. During this action the opening into the back of the nose is curtained off and the opening into the windpipe covered up so that food cannot travel in either of these directions. Up to the stage when we cause the tongue to shoot the morsel of food backwards the action of swallowing is voluntary or under the control of our will. When this stage has passed we have no longer any control over it. Indeed we

cannot start the action unless we pass something, as a little saliva, into the back of the throat. When the food has been grasped by the muscles of the gullet, it is squeezed down the œsophagus into the stomach thus passing through the chest and through the diaphragm into the abdomen.



THE ALIMENTARY CANAL.—*œ*, œsophagus. *sp*, spleen. *s*, stomach. *p*, pancreas. *l*, liver. *gb*, gall bladder. *r*, rectum. *a*, anus.

The stomach is a saccular dilatation of the digestive tube in which the food is retained for some time in order that it may be mixed with and acted upon by the secretion of the numerous little glands in its walls. This secretion is called the gastric juice. The stomach, like the intestines with which it is continuous, is a hollow muscular organ lined with mucous membrane in which the numerous little glands are embedded.

When the food has passed into the stomach these glands begin to pour out their secretion, and the muscular wall of the stomach begins to act. The food is thus churned up and thoroughly mixed with

the gastric juice which dissolves or digests part of the contents. The tiny vessels in the wall of the stomach at the same time are absorbing or taking up the digested material. The food which is not digested in the stomach is gradually passed into the small intestine. Here it is mixed with the bile, the secretion of the liver; with the pancreatic juice, the secretion of the sweetbread; and also with the secretions of the tiny glands in the mucous membrane of the intestine itself. The process of digestion goes on, and as the food is passed along by the contraction of the muscular walls of the intestine the digested matter is absorbed, until, by the time it reaches the lower end of the bowel, nothing remains, when digestion is good, except the indigestible portions. These, coloured with bile, form the great proportion of the fæces.

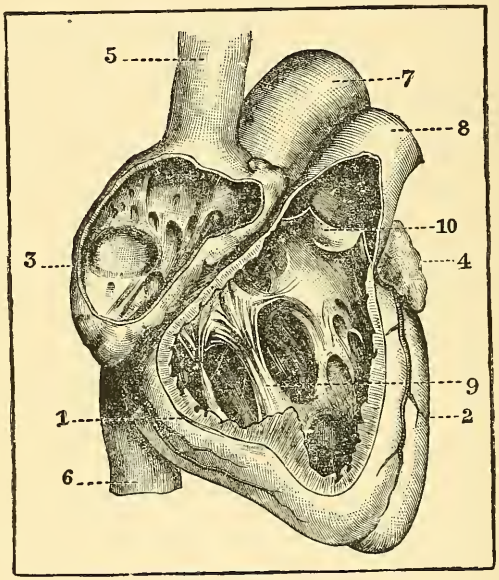
The circulatory system.—This consists of the blood, the heart, and blood vessels.

The blood is the medium by which all exchanges between the tissues of the body and the outer world take place. Into it pass all the nutrient substances which are absorbed from the digestive tract; by it oxygen is conveyed from the lungs to the tissues, and carbonic acid from the tissues to the lungs; by it waste materials are removed from the tissues and taken to the organs whose work it is to cast them out from the body. Blood consists of a nearly colourless fluid containing vast numbers of little bodies called blood corpuscles. When viewed under the micro-

scope the great majority of the corpuscles are seen to be tiny disc-shaped bodies which singly appear to be of a pale straw yellow tint but look red when a number of them are seen together. From their colour they are known as red corpuscles. Others, much fewer in number and larger and more irregular in shape, are called white or colourless corpuscles. It is the red corpuscles which give the colour to the blood. They are the oxygen carriers to the tissues, and when they are charged with this gas the blood is bright scarlet; but after they have given up their oxygen to the tissues and the blood has become impure it then assumes a dark red tint. The bright scarlet oxygen bearing blood is pure or arterial blood; the dark red carbonic acid bearing blood is impure or venous blood. When the dark impure blood has been passed through the lungs and purified, it again assumes a bright scarlet appearance.

The heart is a hollow, somewhat cone-shaped, muscular organ, which is divided by a central partition into a right and a left half. One side of the heart has no direct communication with the other, so that no blood can pass directly from one side to the other. Each side is again divided into two chambers which communicate with each other: an upper receiving chamber with thin muscular walls called the right and left auricle respectively, and a lower stronger chamber with thicker and more muscular walls called the right and left ventricle respectively. The auricles receive blood from veins; the right

auricle receives impure blood from the veins of the body generally, and the left auricle purified blood from the pulmonary veins. The two auricles contract at the same time and their contraction is immediately followed by that of the two ventricles which also act together. When any of the chambers contract,



HEART (RIGHT AURICLE AND RIGHT VENTRICLE OPENED). 1, right ventricle. 2, left ventricle. 3, right auricle. 4, left auricle. 5, 6, veins opening into right auricle. 7, aorta. 8, pulmonary artery. 9, tricuspid valve. 10, pulmonary valves.

its cavity becomes smaller and its contents, like those of an elastic bag when squeezed, are driven out with considerable force. The auricles when they contract squeeze the blood into their respective ventricles. When the ventricles contract the blood would rush back into the auricles, but, by an arrangement of

valves, this is prevented and it is forced into the only path open to it. In the case of the right ventricle this is the artery which conveys impure blood to the lungs, and in the case of the left ventricle it is the aorta or large artery which by its branches conveys pure blood to every part of the body. The left ventricle having much harder work to do than the right is thicker and stronger. This contraction of all the chambers of the heart occurs in an adult between seventy and eighty times in every minute.

The blood vessels form a closed system of tubes of varying strength and size according to the needs of the circulation. Those which spring from the ventricles, and are therefore subjected to the strain of bearing the full force of the rush of blood into them after each contraction, have strong elastic muscular walls and are called arteries. The pulmonary artery conveys blood from the right ventricle to the lungs in order that it may be there purified. This vessel sends a large branch to each lung. These branches divide and subdivide until they become so small that in order to be seen they must be looked at under the microscope. These tiny vessels with extremely thin and transparent walls are called capillaries. They are spread over the outer surface of the thin air bladders in the lungs and the impure blood in them is thus brought into close relation with the air. It is here that the exchange of gases between the blood and the air takes place. The capillaries are not very long and again unite, forming

slightly larger tubes. These also continue to join together forming still larger vessels which are called veins. These pulmonary veins, whose walls are not so thick and strong as those of the artery, carry the now purified blood back to the left auricle of the heart. This passage of the blood from the right ventricle through the vessels of the lung and back to the left auricle is called the *pulmonary circulation.*

The aorta, or great artery of the body, which springs from the left ventricle, has stouter and stronger walls than the pulmonary artery. The left ventricle is more powerful than the right, and the artery must be stronger to sustain the greater force of the blood pumped into it. The artery, being elastic, is distended each time blood is forced into it. Before the next contraction blood has passed into the veins, and the artery becomes small again. It is this alternate enlargement and diminution of the size of the artery which is the cause of what we call the pulse. Each pulsation in the artery corresponds to one contraction of the ventricle, and by a consideration of the pulse we can gain information as to the force and frequency of the heart's action. The aorta gives off branches to all parts of the body. These branches again divide until, like the arteries in the lungs, they pass into capillaries. It is in the capillaries all over the body that the nourishment in the blood is given up to the tissues, and the waste and harmful materials removed from them. It is in these capillaries also that the blood gives up its

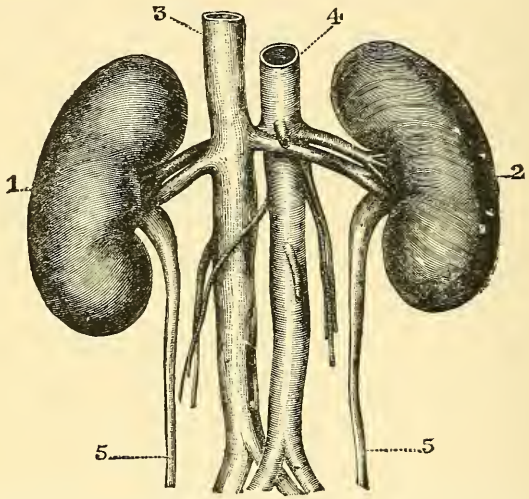
oxygen to the tissues and becomes laden with carbonic acid. The blood, therefore, enters the capillaries pure, but is impure when it leaves them. The veins which are formed by the joining of the capillaries, unite from all parts of the body into two large veins which discharge their contents into the right auricle, or the right receiving chamber of the heart. This passage of blood from the left side of the heart, through the vessels of the body generally, and back to the right auricle, is known as the *general circulation.* A portion of it is sometimes described separately. The veins formed by the junction of the capillaries which surround the digestive tract and there absorb the nutrient fluids, before joining the other veins of the body, pass their blood through the liver. This is called the *portal circulation.*

In order to grasp the idea of the circulation readily, the beginner must clearly comprehend that the right and left sides of the heart are distinct: that the right side contains venous or impure blood; that the lungs are, as it were, placed between the two sides of the heart, so that all blood passing from one side to the other must go through them; and that the left side contains only pure or arterial blood.

Pure blood then leaves the left ventricle, and, passing through the arteries, becomes impure in the capillaries of the body generally. It returns through the veins to the right auricle, which only receives it n order to pass it on to the right ventricle. From

that chamber it is forced into the pulmonary artery, and, after being purified in the capillaries of the lungs, is returned by the pulmonary veins to the left auricle, which passes it on to the left ventricle again.

The lymphatic system.—The fluid part of the blood is able to pass through the thin walls of the capillaries and thus bring the nutrient substances dissolved in it within reach of the tissues. It does



1, right kidney. 2, left kidney. 3, vena cava. 4, abdominal aorta. 5, the uretus: the tubes which convey the urine from the kidneys to the bladder.

not all pass back into the capillaries and the lymphatics act as a kind of drainage system to remove this excess. Lymphatics begin as microscopic spaces in the tissues but gradually form little tubes by which this fluid is conveyed into the veins at the root of the neck. The fluid passes through the lymphatic glands in its course. The lymphatics of the intestine have a somewhat different origin, and by them a

great part of the fatty matters are absorbed from the bowel.

Organs of excretion.—The action of the lungs and the bowel in casting out harmful or useless matters from the body has been already mentioned.

The kidneys, one on each side, are placed deeply in the abdomen in the region of the loins. Sheeps'

Section through the Skin showing Sweat Glands (magnified).

kidneys are familiar to all. The human organ is similar in appearance, but larger. Hurtful substances are taken from the blood by the cells of the kidneys, and these substances, when dissolved in the water which is filtered from the blood, constitute urine. The urine, a few drops at a time, is passed down tubes which run from each kidney to the bladder.

Here it collects until sufficient has gathered t necessitate the act of micturition. The bladder is hollow muscular organ which contracts upon th urine contained in it and forces it out through th urethra. In ordinary circumstances about 40-50 o of urine should be passed daily.

The skin contains a large number of sweat gland and these are constantly excreting water and a sma quantity of solids. The amount of water lost by th skin in twenty-four hours is about 30 oz. This goe on without our being aware of it, and it is only whe the secretion becomes excessive and collects upon th surface that we become conscious of it.

Chapter II.

PRACTICAL LESSONS FROM PRECEDING CHAPTER.

Fractures, etc. Wounds. Hæmorrhage. Heart Disease. Fainting. Food and Choking. Strangulation. Poisoning. Burns.

The nurse must remember that she must give to the charge nurse a full account of any occurrences, such as the fall of an epileptic in a fit; a struggle between nurse and patient, or between two patients; one patient striking or kicking another, etc. The charge nurse will then see the patient concerned: observe if there be any marks, bruises, or other injuries, and make a full report of the matter in her daily ward report. For the sake of both patient and nurse this duty must on no account be omitted.

On account of the change that takes place in their composition the bones of the aged become brittle and easily broken. Fracture of the thigh bone, close to the hip joint, is not infrequently caused by falls. In some general paralytics the bones are softened and break easily. They are often troublesome patients to deal with owing to their violence and excitement, and this peculiarity of their bones

renders them especially liable to accidents. The ribs, in these and in other violent and feeble cases, are sometimes injured. Among excited patients, violence, as by falls, kicks, or blows, is generally the cause; but in feeble, restless patients, it is sometimes caused by accidental falls against a crib or bedstead. It is well to let such cases occupy a padded room with a bed on the floor, which is covered with mattresses.

A scalp wound, or any injury to the head, must never be looked upon as of no importance. The possibility of injury to the bone or the brain must always be borne in mind.

In some mental states the lunatic is insensible to pain. I have seen a woman, who had just broken both bones of her leg, flourish the limb like a flail most unconcernedly. If a bone in a limb is broken, an endeavour should be made to prevent the patient making the injury still more serious. The broken limb should be firmly grasped with one hand above and one below the fracture, and the broken ends of the bones kept as quiet as possible until the doctor can apply splints.

The abdominal organs are very imperfectly protected by bony framework, and are sometimes injured by falls, kicks, or blows. A distended bladder may be easily ruptured in this way. Again I repeat the importance of reporting every kick or blow. Fatal injury may be done without any bruise or mark externally, and, as patients are often unable to give any information themselves, the case is very obscure.

I have known a lunatic, after his bowel had been ruptured by a kick from another patient, to walk to the dining hall, take his tea as usual, return to his ward and proceed to bed, not only without any complaint, but without anything unusual in his appearance.

The looseness of the shoulder joint, and the ease with which dislocation there occurs, should not be forgotten. I have seen it dislocated owing to a patient suddenly jerking herself away when a nurse had hold of her outstretched arm by the wrist.

Bleeding.—Before hæmorrhage can take place some part of the system of tubes in which the blood is contained must be injured. Thus bleeding may come from an artery, from the capillaries, or from the veins. The character of the bleeding differs in each case.

When blood comes from a wounded artery it is bright red, and rushes out with considerable force and in a succession of spurts. Each spurt, of course, corresponds to a contraction of the left ventricle. Since the blood in the arteries travels from the heart out to the circumference of the body if the particular artery through which the blood is passing to reach the wounded point can be blocked, the bleeding must be stopped. In other words, pressure on the course of a wounded artery on the heart side of the injury will stop the hæmorrhage. There are places where the main arteries of the upper and lower limbs run over bones against which they can be conveniently compressed, and bleeding from a wound below these points immediately checked. The nurse should be

familiar with these places, and should be able at once to apply effective pressure on the artery. Two places in each limb are practically sufficient. The one enables us to control the artery as it passes out of the trunk and thus practically cut off all blood from the limb. At the other we can command the vessel in its course through the upper part of the arm or leg.

In the arm these important places are :—

1st. The main artery for the arm (called in this part of its course the *sub-clavian*) after leaving the chest, runs over the first rib and can be compressed against it. If the thumb be pressed down behind the middle of the clavicle the artery will be felt beating, and by firm pressure the flow of blood through it can be stopped. That it is stopped can be tested by feeling whether the pulse at the wrist has ceased to beat. To compress the sub-clavian properly is not an easy thing to do, and the nurse will require practical demonstration, and frequent trials, before she is competent to undertake the duty.

2nd. As the artery (now called the *brachial*) passes down the inner side of the upper arm it can be readily compressed by the fingers against the bone there. The artery runs down the inner edge of the muscle which is felt in the front of the upper arm. A tourniquet can here be readily applied.

In the leg :—

1st. At the centre of the fold of the groin the main artery of the leg (the femoral) in passing out of the pelvis runs quite superficially over part of the

haunch bone. It can be readily felt beating under the skin, and is easily compressed by the thumbs.

2nd. The artery then runs (comparatively superficially for some distance) downwards and inwards towards the back of the thigh, which it reaches about its lower third. Pressure by the fingers here is tiring, but the artery can be easily controlled by means of a tourniquet. For the femoral and brachial arteries no better ward tourniquet is needed than a soft stomach tube. This must be applied tightly round the limb and the ends tied.

The nurse should also be acquainted with the position and the method of compressing the large arteries which run up each side of the neck. In cases of cut-throat the artery below the wound must be at once compressed against the vertebræ behind. This can only be taught by demonstration.

In every case where it can be at once applied to and kept firmly pressed on the bleeding point, the thumb will prevent any loss of blood. This direct pressure on the spurting orifice is the best and indeed the only method the nurse can use in cases where the artery, as in the scalp, cannot be compressed.

The nurse must, by practice upon herself and others, familiarise herself with the position of these arteries. It is only in this way that she can obtain the knowledge and confidence necessary to enable her to do her duty in an emergency.

Capillary bleeding is merely an oozing, and is generally easily controlled by cold and pressure.

Venous bleeding.—This occurs more frequently than arterial bleeding because the veins being for the most part on the surface are more exposed to injury. The blood from a vein is dark red, and flows out quietly and steadily with little force and without the spurts which distinguish arterial bleeding. It is readily stopped by elevating the limb and applying a little pressure upon the wounded point. If any further pressure is needed, it must be remembered that in the veins the blood travels from the circumference towards the heart.

Heart disease is common amongst lunatics. The nurse should know which of her patients are so affected, and should be especially watchful of them at the bath, at stool, and when they are excited. They should never be allowed to over-exert themselves.

Fainting is caused by the failure of the heart to supply the brain with sufficient blood. It is easier to pump a fluid along a horizontal tube than along one which is placed upright. We therefore aid the heart by laying the person who has fainted flat on her back. The clothes around the neck, etc., should be undone, and some cold water dashed on the face. A little water may also be given to drink. It is only in exceptional cases that stimulants are required.

Food.—The importance of having the food well broken up before it is swallowed should be remembered, and patients who bolt their food should have it either crushed or cut up into very small pieces. Owing to the nature of the act being involuntary,

small powders, etc., in almost unconscious patients, will, if put quite on the back of the tongue, be swallowed. The danger of food passing down into the windpipe should not be forgotten. When the act of swallowing is not properly performed, and liquids are carelessly poured into the mouth, some may find its way into the windpipe. Though the patient may not be at once choked, yet a form of inflammation of the lungs will probably be set up. In these cases tube-feeding is to be recommended. When a patient chokes, an attempt should be made (while assistance is being sought) to hook out the food, or whatever the substance may be, from the throat. If not too firmly impacted, it is sometimes driven out by pressing against the front of the chest and hitting the patient smartly between the shoulders. This causes a rush of air out of the chest through the windpipe and may dislodge the offending substance.

Hanging or strangulation.—The patient should be at once cut down if an attempt at suicide by hanging is made. In all cases the neck should be freed from any constriction either by cord, handkerchief, or clothing. The mouth must be looked into lest anything should be crammed into the back of the throat. If the patient is not breathing after the throat and neck are free, hot and cold water may be dashed alternately on the neck and chest. If these are not at hand artificial respiration must be used at once. This is done by alternately pressing the arms against the front and sides of the chest, and raising them

above the head, so as to imitate the raising and falling in of the chest wall during ordinary breathing. Artificial respiration can only be taught properly by actual demonstration.

Poisoning.—Should such an accident occur in the wards, the nurse should at once send for assistance. There is little likelihood of the poison being either a strong acid or alkali, so that the nurse may safely give a household emetic of either mustard or salt and water. The poison should be removed from the stomach before it can be absorbed into the circulation. By the time the doctor arrives, the stomach pump, gag, and cold and luke-warm water should be ready, with four nurses present, so that if needed, the pump may be used at once.

Burns.—In case a patient's clothing has either wilfully or accidentally been set on fire, the nurse should snatch up a rug, blanket, or table-cover, and at once wrap it around the individual. By this means the flames will be smothered. Let the nurse bear in mind the danger there is of the flames spreading to her own clothes, and to prevent this she must keep the rug spread out in front of her as she advances towards the sufferer. Should the nurse's dress get on fire when she is alone, she must not run away screaming for assistance, but throw herself on the floor on a rug and roll herself in it. She may call for assistance while doing this, but to run away is simply to fan the flames and increase the danger.

Chapter III.

THE NERVOUS SYSTEM.

Brain and Spinal Cord. Nerve Cells and Nerve Fibres. Organs of Special Sense. Effects of Disease. Sympathetic System.

The attendant on the insane does not need to have a knowledge of the delicate anatomy of the brain and spinal cord, but it would conduce to an intelligent interest in her work if she were acquainted with the outlines of the physiology of these organs. Without such information the nurse can hardly take the interest in her work that she should do, nor can she give that assistance which the physician requires and expects from her. There are many details and important points as to the habits, etc., of patients, with which she alone can be cognisant, and these may pass unnoticed, if there be no eye trained to note them, and no mind educated to understand their significance.

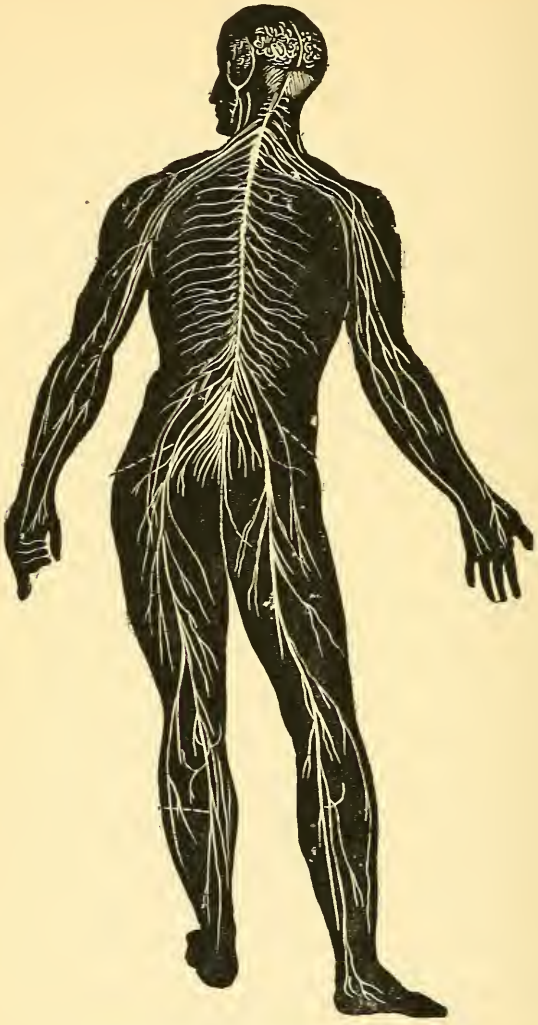
The nervous system consists of:—

1. The brain and spinal cord with the nerves which proceed from them.

2. The sympathetic system.

The cells which form the nervous system are modified into two great classes, *viz.*, nerve cells and nerve fibres. Nerve cells, which are, so to speak, the

workshops in which nerve force, or brain power, is elaborated, and nerve fibres, by which messages are



General Plan of the Nervous System.

carried to and from the nerve cells. These nerve cells, embedded in soft tissue, which supports and

protects them, are massed together in the central organs of the nervous system, *i.e.*, in the brain and spinal cord. They are of vital importance to the body, inasmuch as they direct and regulate the action of organs upon whose activity life depends, and they are, therefore, carefully shielded from injury by bony cases. The brain is securely placed within the vault of the skull, and the spinal cord, which is continuous with the brain, is sheltered within the cavity formed by the apposition of the various vertebræ.

The nerve fibres are found as fine threads in every part of the body. They join together to form small white cords which we call "the nerves". The nerves of the head pass into the skull directly; those from the body generally run to the spinal cord, which they enter. The fibres pass up the spinal cord, and are connected with nerve cells in it, and also with the nerve cells in the brain. In the spinal cord the fibres are placed superficially and enclose the nerve cells in their centre; in the brain the cells lie chiefly on the surface, which is convoluted or arranged in folds so as to present a large amount of surface when compared with the space occupied. The fibres run into the brain and then spread out in a fan-like fashion, and pass to every part of its circumference.

We thus see that there are masses of nerve cells in the brain and spinal cord which are connected by means of nerve fibres with every part of the body.

We saw that there was a subdivision of labour among the various kinds of cells in the body generally,

and that the most important work of all was undertaken by that group of cells which we call the nervous system. Then we noticed that this group was modified into two great classes, nerve cells and nerve fibres. We will find that the duties of the nervous system are so important that they are still further subdivided, and this is the case both as regards nerve cells and nerve fibres.

The nerve fibres are divided into three kinds, which have been named according to their functions. There are fibres which convey messages from the various parts of the body to the brain, and these are called *sensory*, or, better, *afferent* fibres (so designated from a Latin word which signifies "carrying towards"). Those fibres which convey messages out from the nerve cells to the body are called *efferent* ("carrying outwards"). Some of the efferent fibres are called motor, because they convey impulses to the muscles. The third kind are called *communicating* fibres, because they run between cells in different parts of the brain and so unite them all.

A nerve may be composed entirely of afferent fibres, and is then called a sensory nerve; or it may be composed almost entirely of efferent fibres to muscles, and is then known as a motor nerve. Some nerves contain both afferent and efferent fibres, and are then called mixed or sensori-motor nerves.

Certain of the purely afferent nerves carry special kinds of messages, as, for example, the nerves connected with the organs of special sense, which have

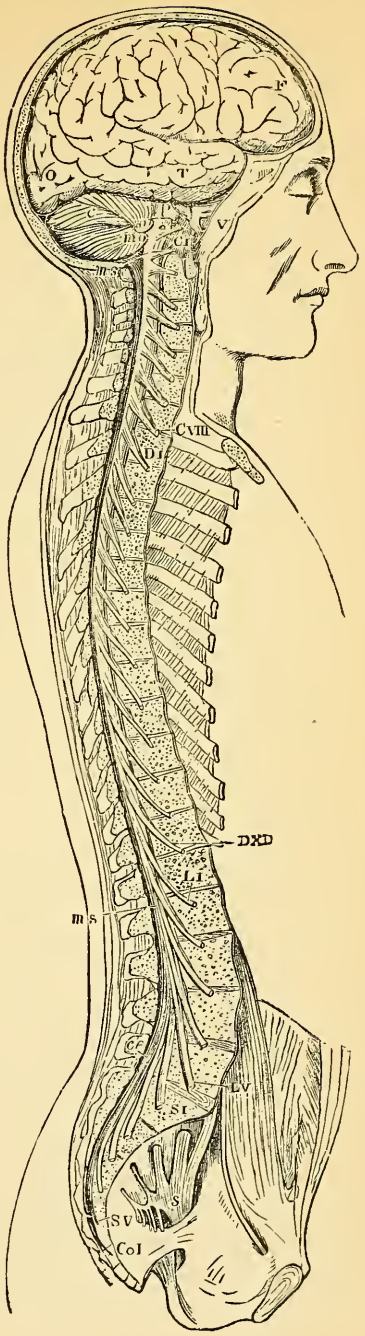
been called the "gateways of knowledge". Each organ of special sense is an apparatus specially adapted to be affected by a particular kind of sensation and conveniently situated for receiving such impressions. It is connected by a nerve with a portion of the surface of the brain. By this nerve the messages from the organ of special sense are conveyed to the brain cells and by them interpreted. The efferent fibres also are not all of one kind, but consist of fibres which carry orders to muscles, glands, etc.

Various little collections of nerve cells have special duties assigned to them. One of the great functions of the nerve cells in the spinal cord, and especially near its junction with the brain, is to preside over *reflex actions;* that is, actions which can be carried on independently of consciousness, but which are all important to the health and even the life of the individual. These actions are called reflex because the afferent message is not passed on to the brain, but is reflected or bent back by the nerve cell in the spinal cord and the necessary order sent out to the organ or part of the body implicated. As instances of reflex actions, we may mention the closing of the eyelids, swallowing, respiration, secretion of saliva, and micturition. Thus, when food is taken into the mouth the afferent nerve carries the message to the nerve cells, and the efferent nerve conveys a message to the salivary glands to secrete saliva. A person's foot may be tickled, and although he is quite unconscious of it, his foot may be twitched away.

The brain may be looked upon as the capital in which are the various departments of the government. Some of these departments are concerned entirely with the collecting of intelligence, and others carry on the work of the executive. The former are constantly receiving reports from (afferent messages), and the latter sending out orders to (efferent messages), every part of the kingdom (the body). The various departments have communications with each other (messages through the communicating fibres). The spinal cord is the main trunk road along which messages pass to and fro, and at certain stations on it, subordinate government officials are placed (nerve cells in the spinal cord). These officials are able to transact routine duties (reflex actions) without troubling the central authority. When, however, anything goes wrong the matter is referred to headquarters, and the report then sent in is not a pleasing one (pain is experienced). The nerves are the branch roads which run to every part of the kingdom, and by them the messages travel after leaving the main road, the spinal cord. The organs of special sense are outposts of the intelligence department, which send in special reports to headquarters. The muscles, glands, etc., are the agents by which the orders of the executive department are carried out.

Any portion of the nervous system may be diseased or injured, and the symptoms will vary in character and in gravity, according to the nature and importance of the function of the part affected. If

a sensory nerve be divided, then sensibility is lost in the area supplied by that nerve ; if a motor nerve be divided, the muscles supplied by that nerve are paralysed. In the one case messages from the ends of the nerve affected cannot pass to the brain, and in the other orders from the brain to the muscles are cut off. Thus the muscles may be healthy, the brain cells working normally, and the track down the spinal cord clear, but there is a block in the nerve which conveys messages to the muscle or from the sensory area. Disease or injury of one of the nerves of the special senses is followed by impairment or loss of the function of the



SKULL AND VERTEBRÆ DIVIDED SHOWING BRAIN AND SPINAL CORD IN POSITION.

organ or the part of it. Thus affections of the nerves of the eye may be followed by blindness, etc.

If the spinal cord be diseased or injured, some or all of the messages ascending to or descending from the brain will be cut off, and then the brain is isolated from that part of the body below the level of the affection in the spinal cord. No communications can pass upwards if the whole thickness of the cord be implicated, nor can any orders be transmitted downwards. The brain, nerves, and muscles are in good working order, but the stoppage of the messages in the spinal cord causes loss of both sensibility and motion below the injury. If any part of the thickness of the cord be left unaffected, then the messages which pass by that portion of it will still be transmitted.

The brain is the organ of the mind. The function of some of its nerve cells is to produce thought, will, consciousness, memory. Disease or destruction of these nerve cells or of the communicating fibres may reduce the eloquence of the most sagacious statesman to the incoherent chatter of the drivelling lunatic. The healthy brain, by its will power, sets in action and directs the muscles of the body. The surface of the brain is marked out into areas which have special duties assigned to them. One area presides over the movements of the upper limb, another over those of the lower limb. Thus when, by the action of certain cells in another part of the brain, the thought and the will to do a certain action is elaborated, a mes-

sage, by means of the communicating fibres, is sent to the cells which preside over the muscles necessary to perform the action willed. These cells, by means of the efferent motor fibres, send the order out and the muscles contract.

Certain areas receive and interpret messages from the organs of special sense; if the cells be diseased the message may be misinterpreted, and we may have a perverted sensation; if the cells be destroyed the special sense is lost altogether.

It is a curious fact that the one side of the brain presides over the other side of the body. The fibres that pass between the brain and the two sides of the body cross in the spinal cord, the fibres from the right side of the body going to the left side of the brain and *vice versâ*. Thus a hæmorrhage into the right side of the brain may cause paralysis on the left side of the body.

Disease may affect any part of the brain. We said that the fibres entering the brain from the spinal cord spread out to reach the various parts of the brain to which they were distributed. These fibres may be injured or destroyed by hæmorrhage, and according to the function of the strands of fibres affected we have paralysis of motion or sensibility over the part of the body with which they are in communication.

According to the function of the part of the brain attacked the symptoms of the affection vary. We have seen patients helplessly paralysed but able to

converse sensibly. We know cases whose physical powers are as good as our own, but whose minds are an utter blank.

We must distinguish between the effects of irritation or undue action of the nerve cells and those which follow upon their destruction. In the former case we have an alteration or exaggeration of the usual work of the cells and in the latter the function over which they preside is utterly lost. Any area of the surface of the brain may be affected. If it be that portion which presides over the muscles of the arm, and the disease has not advanced beyond the stage of irritation, we may have spasmodic contractions of the muscles arising from the working of the irritated nerve cells which have got beyond the control of the will. If the cells be completely destroyed then the muscles under their orders are paralysed. Here the whole line is free for efferent messages to be sent out, but owing to the destruction of the nerve cells there are no orders to send.

Should a portion of the brain engaged in the interpretation of messages from an organ of special sense be affected, we may have symptoms due either to the irritation or to the destruction of cells in that centre. If we suppose the area for sight to be affected, then, from irritation and perverted action of the cells, the individual may see flashes of light, or may even fancy that objects of a definite shape are before him. Of course, if the cells be destroyed entirely, then blindness results. Similarly, we have

symptoms arising from the affection of areas, concerned with smell, taste, hearing, etc.

The brain is a delicate structure; slight injuries or structural changes play great havoc with its functions. It is easily affected by the condition of the blood, as is seen in the delirium and convulsions in various diseases.

Our asylums are in a great measure huge lumber rooms for human wreckage, and seem standing reproaches for the inefficacy of our efforts to treat mental disorders. The explanation lies in the delicacy of the nervous tissues. In most diseases some slight permanent change is left in the structure of the organ or tissue affected without materially impairing its functions. In the brain, however, slight changes mean the mental life or death of the patient. Hundreds of cases exist in our large asylums as hopeless lunatics who are as surely cured of the acute affection from which they suffered as are those people who have had pleurisy, are said to have recovered, and are now doing their duty in the world. The difference lies in the importance of the organ affected. In the one case, even a considerable amount of structural change may be a matter of comparative unimportance; in the other, a slight change means all the difference between a useful life outside and a living death within the walls of an asylum.

The *sympathetic system* consists of separate little masses of nervous tissue situated down the front of the spinal column. These are connected by means of

fine nerves with each other, and with the nerves from the brain and spinal cord. The nerves from the sympathetic system are distributed to, and concerned in, the action of the digestive tract, heart and blood vessels, uterus, etc. They are not under the control of our will.

Chapter IV.

FORMS OF INSANITY FROM THE NURSE'S STANDPOINT.

Insanity a bodily disease. Idiocy. Delusions and hallucinations. States of exaltation. Of depression. Delusional Insanity. States of mental weakness.

It is necessary that the nurse for mental cases should clearly understand that the patients with whom she has to deal are as certainly suffering from bodily disease as are those who are afflicted with an affection of any organ in the chest or abdomen. The mind is not a thing apart from the body. Intelligence is as truly the work of the brain as the movement of the fingers is the result of the contraction of the muscles of the forearm.

We can now understand what is meant by an idiot, as distinguished from a lunatic. In an idiot there has been an imperfect development of the nerve centres. He can no more be expected to have a sound mind than a man born with stumps for his legs could be expected to play football. His nerve cells are defective, and though by education the greatest possible use may be made of them, yet he

can no more reach the average standard of intelligence than a weakling could by training ever hope to rival a Hercules. In both cases the most that the machine is capable of may be attained, but no more.

A lunatic, however, has had an average development to begin with, but his mental powers have become impaired owing to disease or injury.

Those cells or communicating fibres which are employed in the production of the intellectual faculties may be diseased. The result is that these faculties become impaired or destroyed, and so delicate are the structures affected that a very slight change in them makes a serious alteration in the functions they perform. We have said that an idiot is an individual with an imperfectly developed brain; an imbecile is an individual whose brain is more highly developed than that of an idiot, but yet does not reach the ordinary standard. The possessor of a normally developed brain in healthy working order is said to be sane, or in other words to have a sound mind. If those parts of the brain concerned in the production of the intellectual faculties be diseased, then we say that the possessor of such a brain is insane, or that he has not a sound mind. It is with persons so afflicted that we have to deal.

Any of the intellectual faculties may be impaired. We find patients in whom reason, will, memory, self-control, emotions, are affected, and in whom the animal instincts are altered or perverted. These are merely symptoms which show us that the highest

functions of our brains are disordered. The lunatic cannot be held responsible for many of his doings; they are the result of disease. From his point of view, behaviour which appears to us utterly wrong is to him perfectly correct and justifiable. His will-power or self-control may be impaired, and hence he performs purposeless acts, or gives way to violent or destructive impulses. Thus we account for delusions; for irrational language and conduct; for incoherent speech and noisy excitement; for depression and suicidal tendencies; for dogged obstinacy and facile changeableness; for the forgetfulness which makes the past of but a minute ago an utter blank. Hence, also, we have the altered appetites, the dirty habits, and the indecent practices to which some lunatics are subject. They are all indications of the mischief at work in the higher brain centres.

A delusion is a "false belief arising from diseased mental action," as when a pauper believes that she is the Queen of England. An hallucination is a false impression received through one of the special senses, and if the individual believes in the reality of the impression, then the hallucination becomes a delusion. Thus a person may see animals in a room where none exist, but by the exercise of his reason he may convince himself that the object which he thinks he sees is, in reality, non-existent. If, however, he believed that the animals are actually present in the room, then the hallucination has become a delusion.

Lunatics may be divided into four great classes. An insane person may be completely changed from his state when in health as regards spirits, manner, and behaviour generally. From being quiet and retiring he may become the very reverse. He may be restless, excitable, and talkative; perhaps incoherent, violent, and destructive. There is exaggerated action of some of his mental powers, an impairment of others, and a great want of self-control. His whole condition is that of exaltation or undue action. States of exaltation form the first of these great classes. The individual may have delusions, but they are not the outstanding feature of his illness.

In contrast to this condition, however, the patient may be dull, depressed, and utterly miserable. There is to him no pleasure in life. It is acute pain merely to exist, and he may seek to put an end to it all by starvation or otherwise. Often there are most distressing delusions, though these are not essential. He feels that some awful doom is impending. The unpardonable sin has been committed, and the wretched sufferer ever sees hell yawning open before him, while ghostly denunciations ring constantly in his ears. He spends his days and most of his nights in a fearful waking nightmare. It is no wonder that suicidal impulses are frequent. Such cases as these form typical examples of the "states of depression".

Many cases lie between the extremes of exalta-

tion and depression, but may be referred to one or the other as their symptoms indicate.

A third great class is formed by those who have delusions, but who show no marked alteration in their conduct either towards exaltation or depression. This class might be called "delusional insanity". The first and third classes together may be said to be suffering from "mania," the second from "melancholia".

The fourth great class consists of "states of mental weakness" occurring in persons whose minds at one time were up to the average standard, but, as the result of injury or disease, have become feeble. This class comprehends the majority of the chronic residents in our asylums. Their mental condition varies from slight enfeeblement to the living death of the utterly demented, who live the life of vegetables, and require to be cared for like babes.

The mental condition of the epileptic and general paralytic can, at the various stages in their careers, be referred to one or other of these classes; but, as they have special characteristics of their own, they will be dealt with separately when we speak of the management of patients.

We have all experienced how the mind is affected by the general health of the body, and we know that the state of the mind reacts upon the system. An unhealthy body is a great strain upon a sound mind. We know how differently things appear to us when we are in good health,

compared with what they do when we are ill and irritable. A man suffering from the gout is not situated in the best possible circumstances for taking a calm, patient, and reasonable view of his surroundings. Loaded intestines and an overworked stomach are the cause of much misery and mental pain in this world. Cold and uncleanliness are not conducive to comfort, and when we are uncomfortable our mental peculiarities do not show up in a favourable light. We have all felt that the state of the atmosphere had an influence upon our feelings, and that our views of men and things were much influenced by our surroundings. All these things influence us, and in a greater or less degree also exert their power upon the insane. We have our reasoning powers, and ought to know how best to maintain the conditions necessary for our health; the insane in many cases are quite unable to do this, and yet it is most essential that they should be placed under the best hygienic conditions possible. They must be thought for and provided for. The nurse must remember that in many cases she must think and act for the patient. She should be acquainted with the state of each individual under her care, as regards her clothing, appetite, excretions, and cleanliness, and she should see that the ventilation and warmth of her ward are kept up to the standard.

Chapter V.

VENTILATION.

To attend to the ventilation of her ward is one of the most important duties of a nurse, and one which requires constant attention. Perfect health cannot be maintained without a plentiful supply of fresh air, and it is vain to attempt to restore the feeble and debilitated without it. The object of ventilation is to provide this fresh air and to get rid of that which has been breathed and rendered impure. To the nurse personally this is all important. The constant breathing in of foul air will soon pull down her strength and sap her energies. Headaches, loss of appetite, anæmia, and even phthisis may result. Impaired health and irritability of temper will certainly follow, and under such circumstances a nurse can neither do justice to herself nor to those under her charge. If she do not accustom herself to look to the ventilation as a matter of routine it is very likely to be overlooked, and she will have the mortification of hearing those entering her ward remark upon the closeness of it. The feeling of stuffiness, which may be used as a practical test that the ventilation is insufficient, is not apparent to

any one who has been in the ward for some time, but at once strikes an individual who has just come from the fresh air outside. To breathe in previously respired air is slowly to commit suicide, and this form of self-poisoning is one of the most unpleasant ways of affecting that end.

Air consists of a mixture of gases—oxygen, nitrogen, and carbonic acid—the last in very small amount. The oxygen and the carbonic acid are the important constituents. The nitrogen plays no part in respiration, but merely dilutes the other gases. Oxygen is taken from the air in the lungs, and carbonic acid with some water and organic matter is returned to it. It is this organic matter which causes the unpleasant stuffiness in a close, ill-ventilated apartment. The air also takes up water from the sweat of our bodies, and is tainted by smells and impurities from various sources, as from gas escapes, etc. It also becomes loaded with particles of dust, and in sick wards this is a very important element. Some of the insane emit strong and very unpleasant odours from their skins; others, again, owing to their dirty habits, soon polute the atmosphere of a whole ward if not immediately looked to. Escapes of gas are very dangerous. Fortunately its well-marked smell at once attracts notice to it.

The air which leaves the ward is poorer in oxygen than it was when it entered, but contains more carbonic acid, water, organic matter, and other impurities which it has gathered. The chemical

standard of impurity is the amount of carbonic acid, but a practical guide is the feeling of stuffiness perceived on coming in from the fresh air. The ideal to be aimed at is to keep the air inside as pure as that out of doors, and to effect this without causing perceptible draughts. This is not easy to manage even in a room filled with the sane, who ought to be able to appreciate the necessity for and to aid in maintaining proper ventilation; but among the insane it is often very difficult. The perverse obstinacy of some patients is very trying. They seem to think that an open window is a positive danger, and must be closed at once.

There is always some change taking place in the air of a room. The air outside mixes with that inside through the pores of the walls, the chinks in the windows, etc. The warmer and lighter air inside also tends to rise and escape, while its place is taken by the colder and heavier air which enters from without. The fire causes a rush of warm air up the chimney, and creates a draught up it, which assists materially in ventilating the room. In an ordinary apartment with only three or four persons in it these means are effective enough, but are not sufficient for a large room with a number of inmates. Under the latter circumstances intelligent use must be made of windows and special openings in the wall called ventilators. With other and more elaborate methods the nurse would not be concerned. The points for her to keep in mind are :—

1. To see that the means for ventilation are in working order.

(*a*) Ventilators. These are very liable to get blocked. Even when the current of air can be proved to be passing from within outwards many patients will declare that they are being killed by the cold draught, and if they possibly can do so will plug up the gratings. Dust and fluff are apt to accumulate and interfere with the free passage of air. Those openings on a level with the floor may be used as receptacles into which dust may conveniently be swept, and some patients appear to believe that their only use is to afford convenient hiding places for odd slippers, stockings, etc. Obstructions may also be caused by materials which get in from outside.

(*b*) The chimneys should not be blocked, and should be kept free from accumulations of soot.

(*c*) The windows will require intelligent attention, as by proper management even on very windy days they can be made available, and in most wards by their means cross-ventilation, or a stream of air passing across the ward, can be obtained. A close watch will be necessary, as many patients are ready to shut the window whenever opened. Of course the windows of single rooms and dormitories should be thrown open as soon as the patients have left them.

(*d*) Doors should not be used as a means of ventilation. As a rule to do so only means admitting air which has been already polluted more or less.

(*e*) Any dampness of the walls should be at once reported. It interferes with the passage of air through the pores in the wall, affords a resting-place for dust, keeps down the temperature of the ward, and also provides places in which infectious germs may develop.

2. To prevent inside impurities.

(*a*) Dust must be removed. Particles from skin, hair, clothing, etc., become deposited on the furniture and walls, and with them some of the offensive organic matter in the air. In the wards for the sick special attention should be paid to this.

(*b*) Some of the patients will be found to give out very offensive odours from their skin, and will require particular care as regards washing and general cleanliness.

(*c*) Wet and dirty cases if neglected will soon pollute a whole ward. Patient endeavours to inculcate better habits would do much, and the bathing and changing when required must be done at once.

(*d*) The foul linen should be at once conveyed to some place where it cannot pollute the air within the building. In sick wards, chambers, etc., should be emptied and cleansed at once.

(*e*) Lavatories and water-closets should be kept scrupulously clean, and inspected by the charge nurse regularly and frequently. They should be well ventilated, and the windows in the passage that leads from the ward to the closets should be kept open when possible, and the door that cuts off the

closets from the ward kept closed. For purposes of observation this door is generally furnished with large glass panels. It is important to notice the under-surface of the seats in the water-closets. In the male wards the urinals are often a great source of impurity. Sinks should be kept very clean, and their traps in order, and any escape of gas should be at once reported.

(*f*) Where the heating is effected by steam, disagreeable smells are sometimes caused by the dirty practices of mischievous patients who foul the steam chests. Some patients also have a habit of drying wet and filthy rags on the heating apparatus.

(*g*) The single rooms and dormitories occupied by dirty patients will give much trouble, and will require careful cleansing with hot water and Jeye's fluid, or some similar preparation. The nurse should be careful to see that the floor is well dried after being scrubbed. She should also notice that the ventilators are not daubed with filth, and that the cracks between the boards of the floor, doors, and wall (if boarded) are clear.

She must carefully supervise the patients who are assisting her. They will sometimes begin to scrub out a clean room with dirty water and cloths. The result is not beneficial to the sweetness of the dormitory or corridor.

The value of sunlight should not be forgotten, and in order to gain its full benefit the windows should receive regular attention. Each time the charge

nurse enters the ward she should be on the outlook for stuffiness, and should ask those under her who have been absent from the ward for a while to report on their return whether they notice any closeness or smells.

Chapter VI.

WARMTH.

Many of the insane are peculiarly susceptible to the influence of changes in the temperature, and are markedly affected by even a slight fall in the thermometer. There is no doubt that the popular idea of the many evils which owe their origin to "catching a cold" is very exaggerated. That exposure to cold does bring in some forms of disease is, however, certain, and the more debilitated the individual, the more likelihood there is of his falling a victim. The young, the feeble, and the aged require a higher temperature and warmer clothing than are sufficient for an adult in fair health. Especially amongst the demented classes (or those suffering from mental weakness) must this point be carefully attended to. Their nervous force is small, and their circulation is often weak. Cold and blue extremities are common among them. Chilblains are easily produced, and not readily got rid of. In such cases bronchial catarrh, diarrhœa, and low forms of inflammation are the not infrequent results of exposure to chills. In one class of cases, that of acute dementia, the question of warmth is almost as

important as that of food, and the patients will often with advantage bear a temperature which seems unpleasantly warm to the other occupants of the room. Such patients are generally much brighter in summer than in winter. It will be noticed, too, that epileptics do best who occupy beds in the warmest part of the dormitory.

In cold weather the problem of keeping a ward containing dirty cases up to the proper temperature, and at the same time sweet and well ventilated, is one not always easy of solution. More especially is it difficult when the wards are full of the very demented. These, the very people who require most warmth, are unable to help themselves, and are too dull and stupid even to complain. They will plant themselves in a direct draught with unfastened garments, and although they may become pinched and blue with cold, have not enough intelligence to shift their position. They are thus in a peculiar manner dependent upon the thoughtfulness of the nurse. If it be necessary that the part of the ward in which they are seated should be blown through, they should be removed out of the cold draught until this is done. The early morning, before the sun has gained much power, is the time when the heating arrangements generally fail. Patients should not be brought from warm beds to sit and shiver in the day rooms until they are warmed up. The day rooms should be raised to a temperature of 55 deg. F. before the patients are allowed to enter them. If all the

lunatics were able to employ themselves in ward work, and thus keep themselves warm, the case might not be so bad, but such as can do this are in some of the wards but too few in number. It is a painful sight in the early morning to see the poor demented creatures sitting with chilled extremities and blue noses, what little intellect they have almost destroyed by the cold.

Where the heating arrangements consist of hot-air or steam-pipes, they are out of the nurses' hands. These are safer, and in many respects more convenient, than stoves and open fires. For dormitories not under constant supervision, the latter are, of course, out of the question. But for day rooms, where nurses are constantly present, open fires are more home-like, and are to be preferred. In large rooms, of course, they have often to be combined with some other method. If stoves are used, the night nurses should see that they are well stoked up on their last rounds, so as to warm up the corridors before they are occupied. The fires in the day rooms should also be burning brightly before these apartments are tenanted. Though at first sight it is a subject which seems but remotely connected with nursing of the insane, yet lessons in proper stoking and making up of fires should form part of every nurse's education. The one extreme of keeping the grate piled right up the chimney is almost as much to be found fault with as the other of neglecting a fire until it is nearly out, and then extinguishing it

completely under a shower of small coals. By the former method you run an unnecessary risk of that awful calamity—an asylum on fire. If the grate be kept properly stoked up to the level of the top bar, and the fire be kept bright, the maximum heating effect will be obtained with the minimum expenditure of fuel, and the least risk of any danger.

The clothing of the patients must be closely looked to. If the body be not properly clothed, a great amount of heat is dissipated and lost to its owner. Clothes act as the preservers of the heat produced by the food taken into the system. The nurse should see that her patients have their proper amount of underclothing. Many of them are very apt, if not watched, to lay aside their flannel undergarments. Those lunatics who are just on the border-line between the fortunate few who can, and the unfortunate many who certainly cannot, attend upon themselves, are the ones who are liable to suffer in this way. Some patients appear to have most fanciful objections to wearing flannel garments. These peculiarities should be resisted on the patient's first entrance to the asylum. Like many other bad habits, they become more fixed and difficult to get rid of every day they are indulged in, and a bad practice, which might have been put right with little difficulty at first, may if allowed to become fixed, develop into a very troublesome and serious business. Other patients again, from ideas connected with their delusions, will give trouble about their clothing.

Those who are allowed to remain wet are in danger of being chilled, owing to the cooling of the body in the evaporation of the urine. This is a very important point for the night nurse to attend to. With but few exceptions, beds constantly wet mean bad nursing. Regular getting up of doubtful cases, and close attention to those known to be liable to this mishap, will do much to shorten the nightly wet and dirty list. A demented lunatic, on a cold night, partially uncovered and in a wet bed, presents a fine target for disease.

It is a sad defect in our asylum construction that the very parts of the building which should have their heating arrangements most perfect, are often the worst off in that respect. Very frequently the single rooms occupied by noisy, dirty, and destructive cases are inadequately warmed. The poor lunatic, too excited to remain in bed, tears up her clothing and bedding and then shivers until the night nurse gives her a fresh supply and puts her into bed, probably only to find her as comfortless on her next visit. It would be difficult to have all such cases under constant supervision, and the night nurse who has them under her care cannot perform impossibilities.

Feeble and acute cases, who are not so destructive, can be dealt with by putting them into thick flannel-lined combinations, which lace up the back. In these they are kept warm even when restless and out of bed. The temperature of an ordinary ward should be kept about 55 deg. F., and for the more feeble and

demented it should be nearer 60 deg. F. The day nurse ought to note the temperature as shown by the thermometer at regular intervals during the day, and enter it in her report sheet. The night nurse also should mark the temperature in the corridors and dormitories during her hours on duty, and show the figures in her report for the night.

When a patient requires bathing in the night, or when in bed during the day, slippers should be placed on her feet, and her body carefully protected from cold in going to and coming from the bath-room. On bathing days the charge nurse should see that the temperature of the dressing-room is comfortably warm, and patients should not be allowed to get undressed until the bath is ready for them.

Before going out for exercise it is the duty of the nurse to see that each patient has her out-of-door garments tidily put on, and her boots fastened. The habit of many of throwing off hats, boots, and cloaks will require constant attention. When the day is cold, she must not allow the dull and demented members of her flock to sit still and get chilled, but should keep them moving.

Chapter VII.

CLEANLINESS AND ORDER.

To make a good nurse, much more is requisite than habits of cleanliness and order, but no nurse can be good without them. She cannot be held responsible for the character of the furniture, nor for the nature or taste of the decorations in her ward; but upon her rests the more important duty of seeing that everything is scrupulously clean and sweet. If she herself be untidy and slovenly in appearance when about her work, it is probable that that work will be performed in but a slip-shod manner. The example she will set to the patients will be a bad one, and her influence over those who have sufficient reason to notice these things will be small. She will find that many keen, and by no means friendly, critics are about her, who are ready to pass judgment upon her work and behaviour without being burdened with any scruples as to the plain, and often scathing, terms they employ.

If one finds the window ledges and corners of a ward littered with dust, and the backs of the ornaments wearing coverings of a similar nature, it is more than probable that the store-rooms are untidy, the boot-room higgledy-piggledy, the medicine chest in disorder, and the lavatories ill kept. As much

pride should be taken in these places as in the brightest corner of the day-room, and they should always be ready for inspection. The nurse who is attentive to matters which do not come under the casual observer's eye, rarely allows her patients to be neglected or to appear untidy and unkempt.

It is perhaps in the care of her dormitory that the industrious nurse, with a love of order, is seen to best advantage. The sleeping rooms ought to be one of the pleasantest features of an asylum: bright and sweet, with white and stainless linen, spotless floor and well-trimmed beds. A little attention to the position of the bedsteads, and the turning down of the sheets so as to keep them uniform, makes a wonderful difference in the appearance of the dormitory. The work, too, must be thorough. A clean upper sheet covering foul blankets or a dirty mattress; a pillow with a soiled side carefully turned down out of sight; the bedstead with an accumulation of dust beneath it—these are the things which vex a charge nurse's soul. Special attention is required in single rooms for dirty cases. Even where a bed is made on the floor with strong rugs, there is no reason why it should not be tidy, and the rugs, though strong, should be clean. We have already spoken about the care requisite in scrubbing out dirty rooms.

I speak with all deference, but I think that, as a rule, the dormitories are better kept in male than in female wards. The order is more manifest, and the beds are generally better made. Probably the more

soldier-like discipline and the greater physical strength are the reasons for this difference.

The men's day-rooms, however, always seem to possess more of the barrack-room character. They cannot give that home-like appearance to their wards that women can, and few men have an eye for dust.

The state of the patients' clothing should be a matter for constant observation. It will not do to rest content with changing at stated times. Active and intelligent interest is needed, as well as attention to a routine duty. Patients who are in the habit of hoarding up rubbish, rags, and scraps of food should be overhauled daily. A close watch should be kept to see that no food is carried from the dining-room to the day-room. Sufficient time should be allowed for meals, but no food should be taken from the table, and for important reasons other than those of cleanliness. Dirty habits at meal times, such as smearing the head with fat, etc., should be looked after.

Every individual, when it is possible, should have a weekly bath; in all cases for the sake of the individual's own health, and in some for the sake of the comfort of those who are compelled to associate with him. It seems a very simple thing to say that lunatics should be kept clean, but in practice it is not always so easily carried out. Many patients, of course, are extremely cleanly, and can attend to themselves, but unfortunately this class is in the great minority. In every ward there are persons who would avoid the weekly bath if they could, and

many are the complaints and manœuvres to effect that end. Very dirty cases will often require bathing several times daily, and even then it will be difficult to keep them sweet. Some patients, who perspire freely and are very stout, are liable to have their skin irritated and chafed, especially in the folds, as under the breast and in the groin. These will require extra attention. The feet of others will give trouble to keep them sweet and prevent them chafing.

A point of great importance, and more particularly amongst those unable to attend to themselves, is the cleanliness of the hands. In some cases, undoubtedly, diarrhœa is caused, and parasites gain entrance to the intestinal canal, owing to the dirty habit of eating with unwashed hands and foul finger nails. In dirty cases especially, the nails should be cut short and the hands carefully cleansed before each meal. I am sure that if this were regularly attended to there would be fewer cases of diarrhœa among the very demented and dirty. It is, I grant, difficult in a large ward to carry out properly, but none the less, it should be done.

The condition of the teeth and gums, too, should not be forgotten. In some acute cases and in melancholics this is of importance, and ought to be seen to as part of the routine duty of the day.

In the admission ward, the condition of the heads of newly received cases is often a source of trouble, and even of anxiety to a careful nurse. Some cases are so very full of vermin that it is necessary to cut

the hair short, but such extreme measures are seldom required. Patience, perseverance, and the small-toothed comb will do much, with the occasional assistance of a little vinegar or other application to loosen the nits. Apart from these importations from without, it is a disgraceful thing to find a dirty head in an asylum. I know that some of the insane appear to furnish extremely favourable pastures for these vermin, and that they seem to spring up by magic, but there is no excuse for their presence. The daily combing and dressing of the heads of those unable to look after themselves ought to afford a sufficient safeguard. The presence of dirty heads means simply that some nurse has shamefully neglected her duties. It is very seldom indeed that a flea is seen in an asylum.

Chapter VIII.

FOOD.

Dining-room. Epileptics. Paralytics. Acute Maniacs. Melancholics. Forcible Feeding. The Sick. Administration of Medicines. Cooking for the Sick.

The duties of the nurse with regard to the food of her patients fall into two divisions. In the first place, with respect to the great mass of those under her care who are able to take their meals in the common dining-room; and, secondly, there are those acute or special cases which require more individual attention.

The condition of a dining-room at meal times is a very good test of a woman's abilities as charge nurse, and many excellent nurses are not suited for that post. The comfort of the meals and the appearance of the viands depend very much upon the attention paid to the table appointments and the method of serving the food. The charge nurse must use her head as well as her hands. Tablecloths, where used, are a sad trial. A clean cloth put on for breakfast is often so soiled as to be hardly fit for use at dinner; and yet neither the resources of the ward stocks, nor the capabilities of the laundry, will allow of a fresh cloth for each meal. Everything should be made as

appetising and as bright as possible. When most asylums are in the country, and wild flowers are common, there is no reason why in the quieter wards flowers should not be constantly present on the tables in the summer months. In addition to their brightening effect, the arrangement and gathering of them will give pleasure and light occupation to some of the inmates. It is needless to remark that knives and forks should be clean, and that salt-cellars and mustard-pots should be kept freshly supplied. These things appear to be matters of course, but in practice they are curiously apt to be overlooked.

Meal times are occasions on which every patient can be individually noticed. Each nurse should have a table assigned to her, and to which she always attends. The same patients should always sit at that table, and in their usual seats. The nurse can then perceive at once either want of appetite, or any alteration in the patient's condition. She will become acquainted with the peculiarities and habits at meal times of those at her table, *e.g.*, those who bolt their food without masticating it; those who eat slowly and require extra time; those who would steal from the plates of their neighbours, and, if permitted, gorge themselves to sickness. The class who bolt their food are liable to choke, owing to their greedy or stupid efforts to swallow large masses. Inability to take food, or any change in appearance, should be at once reported to the charge nurse. The latter will see to the serving and exercise a general supervision. Some

patients cannot take the ordinary amount, and others will require, perhaps, more than an average helping. It is natural that those who do much work and are energetic will require more food than some of the others, but the nurse should be careful that the workers are not pampered at the expense of other patients too stupid to complain or look after themselves. It rests, to a great extent, with the charge nurse whether, even in the noisiest wards, the dining-room is quiet and orderly or noisy and turbulent. The maintenance of order and decency at meals has a civilising influence upon the worst cases, and grace before and after meat should not be slurred over, but looked upon as part of the regular discipline of the day. When a dining-room is entered unexpectedly, and the nurses are found to have left their tables and to be gathered together in knots gossiping, the probability is that the meals are badly served, and the patients restless, quarrelsome and unsettled.

The food should be served as rapidly as possible, in order that it may not become cold. In placing it upon the plates also, the nurse should remember that the appearance of the food often decides, in the case of a dainty appetite, whether it will be eaten or left almost untouched. A second course should not be served until the first is finished. All stages of dinner should not be going on at the same time. The quantity of fluid taken should be noticed, and as far as possible regulated within reasonable limits. The amount that some lunatics will imbibe is extra-

ordinary. This at any time impairs the digestion, and at the evening meal in demented cases is of importance from another point of view.

Such cases as are unable to masticate properly will require soft food and even spoon feeding. In any case of spoon feeding the nurse must carefully remember that one spoonful must be swallowed before another is taken into the mouth. A patient can choke on a pharynx full of semi-solid bread and milk as surely as on a chunk of beef. Especially among epileptics and paralytics there will be found patients who are approaching this condition. These should have their meat, etc., cut up for them and be kept under close observation. It is in this class that accidents most frequently happen. Suicidal and homicidal cases will of course be placed directly under the eye, and within reach of the hand, of the nurse who has charge of them.

Time must be given for all, even the slowest eaters, to finish. No food can be permitted to be taken away from the table. This is often a source of great trouble, as some patients will endeavour day after day to conceal bread, etc., about their person. Paralytics must be especially watched and prevented from indulging in this propensity. I have seen a death from choking occur in a paralytic who had, in passing out of the dining-room, snatched up a crust of bread unobserved, and had crammed it into his mouth unnoticed.

The forks and knives should be counted at each

table separately, before the patients leave their seats. Any missing article can then be localised, and at once looked for. This should never be omitted.

Epileptics.—No epileptic should ever be allowed to take food unless under observation. The obvious danger is that the patient may have a fit and choke. When a fit does occur during a meal the patient's head should be turned to one side, and the mouth cleared so far as is possible, care being taken that a mass of food is not pushed to the back of the throat in the operation. In the later stages of epileptic dementia and in idiots, soft food and probably spoon feeding will be required. Some epileptics eat very ravenously, and do not masticate their food sufficiently. These cases will require to have their meat cut up for them or even to be supplied with crushed meat and potatoes, etc. At times it is necessary to give an epileptic her meals in a single room: on such occasions a nurse must always have the patient in sight.

Paralytics.—No paralytic should be allowed to eat alone. The most dangerous period is when they are nearly reaching the soft food stage, but have not yet been put on crushed meat, etc.; they eat greedily; cram their mouths full without swallowing, and will often steal anything from their neighbours' plates that they can lay their hands on. This habit a careful nurse will bear in mind. In the later stages they must be spoon-fed, and in the last of all only liquids can be taken.

The charge nurse should keep a list of those on soft food in her medicine chest, and report any patient who finds a difficulty in masticating or swallowing. This power of observing and noting changes in her cases should be encouraged. The nurse has opportunities of gaining knowledge concerning her patients' condition which the medical man has not, and she can be of the greatest assistance to him in this respect.

Acute Maniacs.—Patients in a state of acute excitement call for careful feeding. Their recovery is greatly a question of food and sleep, and the latter requirement is often to a great extent dependent upon the former. The continued excitement and muscular exertions require a large amount of food to repair the tissue waste and keep up the sufferer's strength. This must generally be given in a liquid form—as milk, eggs beaten up, beef-tea thickened with arrowroot, etc. It is only in some cases that the patient can be got to take a little solid food. In the very acute cases they will not even attempt to masticate. Some are quite unconscious of their need of food, and instead of swallowing it will splutter it out of their mouths, or simply blow into the spoon or feeding cup instead of drinking. Such patients must be nursed, cared for, and fed like babies. Frequent trials must be made to induce them to take food, as at one minute they will take it and the next will refuse it. The favourable moment must be used to get a fair amount of nourish-

ment into the stomach, and then the nurse will endeavour to get the patient to rest in the recumbent position, even if she has to lie down beside her. Sometimes these cases will take food from one person though they have refused it from another only a moment before, and that without any apparent reason for the preference. A nurse in charge of acute cases who is an adept in the administration of food is a treasure. Much anxiety and trouble is thus spared the medical man. Undoubtedly there are some persons who have a peculiar gift in this direction, and appear able to induce their patients to take any amount of nourishment. Much patience, good temper, and a sympathetic disposition, are probably the secrets of their success. A note should always be made of the amount taken, and the quantity expressed in figures, as so many ounces of milk or beef-tea with arrowroot, or so many eggs. The doctor has thus definite information upon which to decide whether it is necessary to supplement this by forcible feeding. Puerperal cases will tax the nurse's powers. They are generally debilitated, and are often very excited. The use of milk or gruel which has been artificially digested is sometimes of great advantage.

Acute Melancholics.—Acute melancholics will generally require great quantities of food. In many cases, before their arrival at the asylum, they have for days or weeks been insufficiently nourished. The friends are unable to exercise that amount of moral

control which is wanted, and the patients are, in some instances, positively half-starved. Their feeding must be begun carefully, and be steadily persisted in. If the nurse can make her patient gain in weight, she may reasonably expect mental improvement. It is amongst the melancholics that the most obstinate cases of refusal of food occur. Frequently they will be found to have some derangement of the digestive system, and the discomfort they feel after meals may be the origin of the common delusion that their food is poisoned. The administration of nourishment in proper amounts and at proper times is all-important, but, at the same time, presents many difficulties. The nurse must strive to acquire some control over her patients, and this she must endeavour to obtain at the very beginning of her acquaintance with them. While she tries to gain their confidence and to make them feel that she is their real friend, let her not forget the old saying about the evil effects of familiarity. The admission of a patient to the asylum, and her entrance upon entirely new surroundings in which a regular routine must be followed, is an excellent opportunity to insist upon a return to normal habits as regards food, as well as other matters. Often those who come with dreadful reputations from outside give no trouble whatever, but fall at once into the ordinary ways of the institution.

The worst examples of refusal of food occur in those whose delusions are of a religious character. These are often very obstinate, and difficult to

manage. Among the delusions which we may meet with every day are the following: God has commanded that no food will be taken: The food is poisonous, or contains filth: The patient has neither throat nor stomach: The bowels are blocked, etc. Such cases as these may require forcible feeding.

There is another class who, from some hysterical notion of attracting attention to themselves, will begin to decline to take food. Forcible feeding, or any fuss made over them, is what they would prefer. They are not likely to injure their health by abstinence, and the best treatment is to let them severely alone. After a short fast, they will return to their food with their digestive apparatus all the better for the rest it has had. There are other individuals who will obstinately refuse to eat so long as any notice is taken of them, but who will do so if they think they are unobserved, and will even pilfer food from other patients, and eat it on the sly. Not infrequently a single feeding with the tube is sufficient to induce the patient to give up her determination to starve herself; others will persist in their refusal for long periods, and, in some instances, appear to enjoy the operation of being fed. In this, as in most other respects, male lunatics are more easily managed than those of the opposite sex.

A nurse should never exercise any force in feeding a patient. If the patient will not take food without a struggle, she should leave the matter for the doctor to decide whether forcible feeding is necessary in that

particular instance, and by what method food is to be administered. It is at times a matter of great difficulty for the doctor to decide whether it is wise to use the tube, and, in some cases of organic disease, useless suffering may be entailed upon the patient by misguided zeal for her welfare. In cases where there is no weakness of the digestive system, the stomach pump possesses one great advantage. By it ordinary and varied diet can be given in the form of meat and vegetables which have been crushed, passed through a fine sieve, and moistened with gravy or beef-tea. The details of feeding can be best explained practically in the wards.

Nearly every asylum has its own method of holding a patient for forcible feeding. The following plan is very convenient, and by it the most excited patient is easily managed without any risk of injury or exhausting struggles. The pump clean and working properly; soft rubber stomach tube; gag; and the feeding mixture in a basin must be ready before the patient is interfered with. She is then, whenever practicable, placed on a mattress on the floor, so that there is no danger of her hurting herself against a bedstead. The charge nurse, kneeling down, places the patient's head between her knees, and at the same time steadies it with a hand on each side of it. With her right hand she holds the gag firmly in position. One nurse on each side places her open hand on the patient's shoulder, and with the other holds her wrist. Each leg is controlled by a nurse,

unless the patient be weak, and then one nurse can look after both. No pressure is applied to chest or abdomen, and when the assistants are competent injury is almost impossible. In feeding a man the charge attendant may sit down on the mattress with his back against the wall, and the patient's head between his thighs. The whole operation is completed in a few minutes.

We know that even in the nursing of sane persons it is not always easy to induce the invalid to take sufficient food, but the difficulties are often greater when disease attacks the chronic lunatic; much depends upon the amount of influence the nurse has gained over her people. Occasionally we find that some inter-current disease has a good effect upon the mental condition of a patient who has been refusing food. This chance of eradicating bad habits, and of teaching better ones, would be utilised by a capable nurse. The attempt to keep the insane sick upon special diet, as, for example, in diabetes, is generally futile.

Difficulties also arise with regard to the administration of medicines, and at times are so great that it is next to impossible to carry on any continuous medical treatment. Some lunatics will, with pleasure, swallow the filthiest concoctions and ask for more; others will demand purgatives daily. There is generally little difficulty in getting epileptics to take drugs, but it is often otherwise in the very cases to whom we are most anxious to give them. The hypo-

dermic method, when available, is very useful. The questions that will often arise are, whether is it better to omit medicines, give them forcibly, or to try to deceive the patient into taking them? The last method is not one to be recommended. It is sure to fail if any continuous administration is desired, and frequently is unnecessary for single doses. If the patient herself does not see the drug put into her food, others may do so, and a spirit of suspicion is apt to arise. In cases where the patient is so insane as to be unaware of the nature of what she takes, there are no objections to the method, and at times it may be useful in giving single doses to chronic lunatics. When the question of nourishment is of the first importance, as it so often is, the plan should not be used. The insane person may have sufficient intelligence to detect the presence of the drug, and may begin to refuse her food. Those, also, who have delusions that their food is poisoned, should certainly not have it tampered with in this way. The endeavour to gain the lunatic's confidence is not very successful when the patient discovers that you are the individual who has been placing noxious articles in her diet. It is better to produce the dose openly as medicine. As a rule, a confident manner, with an assurance that it is for the patient's good, and must be taken, are sufficient when the administration is not long continued. Here again it must be remembered that no force must be used by the nurse.

A small kitchen should be attached to the ward

in which acute cases are received. It is impossible to have the small amounts necessary for sick diet for special cases prepared in the general kitchen, and the present arrangement of having it made in mass is not satisfactory. The nurse could herself, with the same materials, vary their preparation, and make them palatable. In the long run it would probably be cheaper, while the advantage to the patients would be very considerable. The monotonous dietary of our sick wards could then be varied in a way which it is impossible to attain under the present system.

Chapter IX.

MANAGEMENT OF THE INSANE.

On admission. General management. Struggles. Delusions. Employment. Destruction. Seclusion. Restraint. Suicidal cases.

Did you ever reflect what an awful thing it is for a person not altogether unconscious of her situation to be brought to an asylum? The public are not yet fully educated up to looking upon such an institution as an hospital. There is still a lingering inclination to consider it a species of penitentiary, and the idea of entering it as a patient causes a shudder of horror to run through most people. Indeed, in the case of some melancholics the dread of the asylum has played a part in deepening the depression into which they have fallen. It is all essential that an endeavour should be made on the lunatic's first arrival at the asylum to teach her that her dark forebodings were groundless, and that she has arrived not amongst jailers, but friends.

You all know the influence of first impressions. Even on your first arrival as a nurse in an asylum you can recall how firm a hold your first ideas of the place took upon you. You were keenly sensitive to

the nature of the greetings you received, and even to the tone of your companions' conversation. One who has been a patient in an ordinary hospital will tell you how helpful to him on his arrival was a cheering word and pleasant smile. How much more then is that friendly welcome essential in the case of the lunatic, whose future is often enshrouded with gloomy thoughts and dreadful apprehensions. Even if we considered the matter merely from the standpoint of convenience, without any higher motive, we would come to the conclusion that it is to our advantage to calm the patient's fears and allay her suspicions. If she once begins to look upon her nurse as her friend the latter will find her labours and anxieties lightened. There will be less danger of trouble with regard to food, etc., and the new-comer will more rapidly settle down amid her unusual surroundings. We often see a patient who has been difficult to manage outside calm down at once, and give little trouble when she finds herself amongst those who, while kind and sympathetic, are yet neither irritable, fussy, nor afraid. Few, unless quite demented, are utterly lost to outside influences. A smile or a friendly tone of the voice will frequently soothe and prevent an outburst of violence. The very way in which a patient's clothes were removed may be keenly remembered by her. Even if they have to be taken off against her will, this should always be done with every sign of good will.

It might be well to mention here some points

which should not be overlooked on the admission of a new case. The doctor will of course examine for himself, but the nurse should none the less know what to take notice of when undressing the patient. Bruises or injuries should be carefully noted, and for two reasons.

Firstly: In order that any necessary treatment may be carried out.

Secondly: In order that an accurate note should be made of their existence and character. Even in my experience attempts have been made to throw the responsibility for injuries, received before admission into the asylum, upon the officials of that institution. It is only fair to the nurses in charge of the patient that the bruises present before admission should be recognised. It is enough that she be called upon to give an account should any bruises be received afterwards.

The presence of any marks on the body should be observed at the same time. Careful attention should be given to ascertain whether the patient be ruptured, and in the case of males whether there be any stricture of the urethra. The condition of the abdomen, if at all prominent, should be seen to, as the fulness may be due to a distended bladder, or even to pregnancy. In puerperal cases, and in nursing women, the condition of the breasts should be noted. One point that is very important, but is sometimes overlooked, is to make certain that there are no false teeth. These should always be borne in mind, as in

some cases it may be necessary to remove them. I have known accidents occur from neglect of this precaution. The condition of the hair as regards vermin, etc., will not be forgotten.

When we come to speak of the general management of a body of the insane, we find that much depends upon the temperament of the individual who has them in charge. The post of charge nurse is a difficult one, and calls for the exercise of high qualities in her who would fill it successfully. A clear head, strict impartiality, a subordination of her own feelings to her duty, an ability to see things unbiassed by the personal element, tact—these are the qualities one would like to see in a model charge nurse. She must, if she wishes to make the best of things for the patients, for her subordinates, and for herself, exercise that useful quality, tact. She must try to steer clear of tender places; must be careful not to hurt the feelings of those around her; and must practise the art of putting disagreeable things in their most pleasant aspect. We cannot expect human beings to be perfect, but there are a few rules that the nurse should bear in mind.

1st. Try from the very beginning to get the patient to understand that you are sincere and in earnest in your desire for her welfare. This is not always easy. The suspicious mind of the lunatic is often disposed to look upon all about her as enemies, and the nurse will frequently find her efforts misunderstood, and her kindly advances repaid with insolence or even violence.

2nd. Never hurt a patient's feelings by letting her see that you have gained a victory over her when you have been compelled to insist upon her doing something which she did not wish to do. If any such difficulty should arise, the nurse should try to raise a bridge by which the patient may cross without injuring her self-love. In dealing with the insane, it is quite possible to stoop to conquer without any loss of dignity or self-respect. The hectoring, loud-voiced individual is not always the strongest, nor the one who exercises most influence over her fellows.

3rd. Never force yourself into a position in which you must either sacrifice your influence, or do something you would much rather have left undone. Thus never, unless under very exceptional circumstances, tell a patient that "she shall" or "she must" do so and so. "I think you had better" is much more efficacious, and, even if it has to be enforced, does not leave the same sting behind it. Always try to note the patient's mood and catch the favourable opportunity. In cases where there is likely to be any conflict of opinion, get the order repeated in the hearing of the patient. If she have any reason at all left, the fact that in insisting upon a thing being done you are merely doing your duty, will have an influence with her. Unless when acutely excited, it is generally possible to let such a patient see that it is easier and better to do the right thing than the wrong. There are, of course, many lunatics whose reasoning powers are so impaired that they are

quite unable to form any judgment, but that is not the class of whom I am speaking. The utterly irrational are, even when very violent, easily borne with as compared with the impertinence and insults from a perverse reasoning lunatic. You will rapidly find out those individuals who are most easily managed by being made much of; those who prefer a more distant greeting, and those generally incurable, hopeless cases, who are best dealt with by being left alone, so long as they fall in with the rules of the house and do not interfere with their fellows. Occasionally, cases will arise where physical force must be resorted to. If possible a nurse should never attempt single-handed to deal with an excited or violent lunatic, but should always call assistance, and for the following reasons :—

1st. A patient, who would fight and struggle against one, will often submit quietly when two nurses are present.

2nd. There is less likelihood of either the patient or the nurse being injured.

3rd. The patient is not so likely to make false accusations of ill-usage when two are present. Those who have had dealings with the insane, and more especially with epileptics, will appreciate the force of this last reason.

When aggravated by a patient's wilful perverseness, the nurse will at times feel a disinclination to call for assistance. She will be disposed to look upon this as an expression of weakness or cowardice,

and will want to manage the patient by herself. From every point of view this feeling is wrong and must be resisted. The power of self-control must be exercised. In fact, if a nurse be without that quality she will not be likely to be an asylum nurse for any lengthened period. It says much for the nursing staffs that so much is patiently borne, and uncomplainingly suffered, by them. Violence, insults, and abuse from the patients are more easily endured than the suspicions and impertinences of some of the relatives of the insane. As a rule, it is those individuals who behaved badly to the patient before admission who are most troublesome, and insolently suspicious of ill-usage afterwards.

No insane person was ever yet cured of a delusion by means of reasoning or argument. It is much more probable that an endeavour to do so would have the effect of concentrating the patient's attention upon her false beliefs, and causing the delusions to become more fixed than they were before the attempt. On the whole, the best way is to avoid the subject as much as possible, at the same time giving the patient to understand that the ideas are delusions in your opinion; that they form part of her illness, and that she is only increasing her troubles by dwelling upon them. Sometimes a delusion may arise from the brain exaggerating or misinterpreting messages received from a distant part of the body which is diseased. If this local affection be cured we may hope to see the delusion

disappear. In every case, however, the nervous organisation must be weak, and liable to be upset by influences which would have no effect if brought to bear upon a healthy brain. Many patients are fond of bringing forward their troubles, and tales of persecution, on every occasion. Probably their doing so, in some cases, provides an outlet for feelings, which, if bottled up, might burst forth in some more unpleasant fashion.

When patients are strong enough, every endeavour should be made to induce them to employ themselves. Work is one of our chief curative agents. Of course, if possible, the patient should be got to do useful work, but it should be borne in mind that the object to be aimed at is the good of the patient, and not the amount of useful work turned out. The lunatic had better be employed in doing sewing which has all to be unpicked afterwards than be living in idleness. If not occupied at all, it is not to be wondered at if bad habits and violent or destructive propensities develop themselves. In cases of acute restless excitement in robust individuals, who are too insane to settle to any occupation, it is sometimes necessary to send them for long walks with two nurses, or even to have relays of nurses. This is very exhausting work when the patient is powerful and very lively. These are the cases, especially in acute delirious mania, in which the wet pack is so useful. The method of packing a patient properly can only be taught practically in the wards, but every nurse should be familiar

with the process. The excitement which is found in weakly, debilitated individuals requires different treatment. Here nourishing diet and stimulants are essential, and the all-important question of feeding comes in. Food and rest are required, and the patient's recovery to a great extent depends upon careful nursing.

Destructive patients are a trial to a nurse who is careful of her stock. They may be divided roughly into two classes: those who tear up with the wilful intent to destroy, and those who tear and pick at their clothes without being fully conscious of what they are doing. Amongst the latter we may include those cases of restless mania who must be doing something and cannot keep still for a few minutes together. Here we need some means of expending this energy, and in a useful channel if possible. Scrubbing, washing, or any rough household work may be tried, along with open-air exercise. But for all cases of destructiveness continuous supervision and constant attention are necessary. It is not enough that the nurse be present in the ward. She must have eyes and ears for what is going on around her. Because a patient is not quarrelsome and excited, she must not conclude that she can leave her unnoticed. It is this habit of leaving such patients alone to their own sweet wills that leads to the formation of dirty and destructive habits. A woman with restless fingers, who is left alone and unnoticed, is very likely to begin picking her dress to pieces. A nurse with a head on her

shoulders would observe this tendency, and try to find some means of employing the uneasy hands to better purpose, even if it were only to tease out something of little value. Strong dresses and leather-bound clothes may be required in some extreme cases, but constant attention by an intelligent nurse will do much to bring down destruction to a minimum. At night with bad cases the tearing up is nearly unavoidable. The patient, who generally requires a single room, during her restless hours has nothing to do but tear her bedding, or do worse.

It will be necessary occasionally to seclude a patient, that is, to put her into a room alone. In many cases of excitement this allows the patient to calm down without being distracted and upset by those about her. It is the method that one would naturally prefer oneself if agitated and disturbed. When the lunatic is in such a condition that it is thought necessary to keep her apart from the others against her will, and the door is, therefore, locked upon her, this is called seclusion. No patient should ever be secluded without distinct orders to that effect, and on every occasion, no matter for how short a period, the fact of such an occurrence having taken place and its duration should be entered in the ward journal. Seclusion is much less frequently used than it was at one time, and the same remark applies to restraint. Restraint is the term applied to any mechanical appliance which hinders the freedom of the movements of the body. The chief use of

restraint now-a-days is in cases where it is necessary for surgical reasons, and also sometimes in acutely suicidal individuals. It is now very seldom required, and a nurse may be in an asylum for a long time without seeing it employed. She should, however, know how to put the jacket on if necessary.

Acutely suicidal cases are a great worry to all who have to deal with them. They are a constant strain upon the mind, and the anxiety about them is at times very harassing. The knowledge that you are responsible for the safe keeping of a woman who requires, during the whole twenty-four hours, to be kept under continuous notice because she is just waiting for an opportunity of injuring herself, is very wearing. If, in addition, the patient is, as is frequently the case, uneasy, worrying, and always wishing not to do those things which ought to be done, the life of the nurse in whose care she is placed is not a happy one. In such cases the nurses receive a printed or written notice with the patient, which informs them of the suicidal tendency, and warns them that she must never be permitted to escape from observation.

It will be necessary to examine such patients' clothes each evening at bed time, to see that nothing has been concealed in them which might be used for the purpose of self-injury. There are attempts made by lunatics to smuggle tapes, string, pieces of corset steel, etc., into bed with them, in the hope of being able to attain their end under cover of the bed-

clothes. The teeth of a small buckle have been used for this purpose. Male patients, who have not been thought suicidal, have smuggled sharp instruments into bed, and destroyed themselves during the night. Of course, in cases where no warning has been given by the patient in any way, such accidents are liable to happen. Some patients try to conceal such things in the mouth, the armpits, and between the buttocks.

In the case of women, tapes and apron-strings must be borne in mind; among men, neckties are always a danger. Patients will frequently tear their clothing into strips, and either attempt strangulation or choking by pushing the pieces into the back of the throat. Handfuls of hair, pulled from the patient's own head, have been used in this way. The fact that injury may be attempted by precipitation down a flight of stairs should be borne in mind. I have known a patient to push his head through a window, and attempt to cut his throat by sawing his neck against the jagged fragments of glass that remained fixed in the wood. A special word of caution with regard to scissors is needed in the female wards. They are such everyday articles that the chance of their becoming dangerous weapons is apt to be forgotten. The ways in which very suicidal cases will try to effect their purpose are numerous. A woman, who appears to have no idea of anything in the world, will all the while be pondering methods of putting an end to her existence. The only way of meeting such cases is by continuous and careful supervision.

The nurse must not allow her vigilance to be relaxed on any account until the caution given with the patient has been withdrawn. It is not always easy to say whether the suicidal tendency has gone or not, but the nurse must clearly understand how great her responsibility is until the doctor has taken the weight upon his own shoulders by deciding that the patient is sufficiently recovered to have a little more freedom. In coming to such a decision the opinion of an experienced nurse is always of great value.

Chapter X.

EPILEPTICS. GENERAL PARALYTICS. IDIOTS.

One of the things which make the greatest impression upon a beginner in asylum work is the matter-of-fact way in which "fits" are treated. It is part of a nurse's duty to record the number of fits that patients may have during her period on duty, and also to make a report, should there be anything unusual about any of the seizures. She ought, therefore, to be familiar with the forms in which epilepsy may show itself. The ordinary fit is a convulsive seizure, accompanied by loss of consciousness, and frequently preceded by a characteristic cry. The convulsion is the marked feature in the great majority of our cases, but there are some who do not show this prominent symptom, and such cases should be carefully watched. In these individuals the seizures are manifested merely by a loss of consciousness, sometimes so temporary as to be unnoticed by any but one who knows the nature of such a symptom, and is on the lookout for it. The patient may simply appear dazed for a few minutes, and be unconscious of what is going on about her; she may look as if she had a slight fainting attack;

or she may perform some ordinary or out-of-the-way action without being aware of what she is doing. These are as surely indications of the disease as is the ordinary fit, and should be looked for and noted. Undoubtedly there are patients who have seizures of this kind which pass unnoticed for a long time, but would not do so if the nurses were aware of the full significance and importance of such things. The nurse will find that the fits of different individuals vary much in character. She will also find that there are great variations in the sensations of which patients complain, as well as in their behaviour, immediately before having a fit. She should make herself familiar with these warning symptoms, and when they appear she should try to put the patient in a situation such that she is not likely to injure herself when the fit occurs. Of course there are many who have the seizure without any such warning, and often disfigure themselves in the severe falls they have. The danger of an epileptic falling near the open fire, the stove, or the steam coil, is apparent. There is also danger in the going up and down stairs, and those patients who are likely to have fits should be closely looked after on such occasions. At night epileptics must be kept under constant supervision, with the face uncovered and in the nurses' view. There is always a danger that the patient may have a fit without any cry to attract attention to her, and in turning over on her face may be suffocated. So far as attention during the night is concerned, the pauper lunatic is

the pampered child of civilisation. How many sufferers from epilepsy, even amongst the highest classes, are watched day and night as she is? No patients suffering from epilepsy should be permitted to mount on step-ladders to clean windows, nor, indeed, to get into any position where they would be likely to injure themselves in falling in a fit.

When a fit does occur, the patient should be laid down on the floor, or on a couch, and a cushion placed under her head. No more force should be used, nor, indeed, any interference other than is sufficient to prevent the patient injuring herself. The clothing about the neck and the chest, if necessary, should be loosened. It is not likely in our asylum patients that there will be any tight-lacing to undo: that is one of the insane habits which are dropped at the asylum doors. When the convulsive stage is over the patient should be left quietly on a couch to recover.

When the epileptic is "having her fits" she is generally much disturbed in mind, and is a great strain upon the nurse's patience and temper. The usual effect of epilepsy is to cause the mind to become gradually weaker until at last a stage of nearly complete dementia is reached. Some of the more intelligent, in their periods of calm between the fits, are grateful for what is done for them, and anxious to assist the nurses. Such individuals are, as a rule, the best workers amongst the lunatics. As a class, however, the epileptics are bad patients. They often

display deep religious feeling, and at the same time are untruthful, given to stealing, prone to making false charges, and are always ready to quarrel. With them the blow generally comes before the word. A fancied insult is frequently the only reason assigned for a savage onslaught upon an unoffending and harmless bystander. If, in passing through the wards of an asylum, you see a man or woman intently searching the Scriptures, you may with safety, in five cases out of six, risk the statement that the individual is an epileptic. If spoken to, they will very probably make complaints of ill-usage which are utterly unfounded, but which they will back up with fervent appeals to the Deity to witness the truth of what they say. They will also show marks, received in a fit, and accuse some nurse or patient near of having inflicted them. These are the individuals, and especially if hysterical, who bring the great majority of the charges of cruelty against the nurses. This is probably due to a morbid longing for sympathy, a warped moral sense, and in a great measure to the stiffness and aches after a fit being attributed by the sufferer to ill-usage from those about her. As the nurses have frequently to exercise some control over the patient's movements during or immediately after a fit, and she finds them by her when her glimmering consciousness returns, she naturally refers her sufferings to their agency.

When excited, the epileptic is difficult to manage. She is suspicious, impulsive, abusive; quickly roused

to violence; and in the heat of passion will do deeds of which she is perfectly ignorant when her wild fury has passed away. Many of our criminal lunatics belong to this class. The homicidal impulse may be quite irresistible, and murder may be committed without the patient being afterwards in the least aware of what has happened. It is curious, also, how often we find the propensity to steal, and afterwards conceal what has been stolen. They will, even if caught in the act, stoutly deny the possibility of their ever dreaming of doing such a thing. A nurse should always be extremely careful in handling an epileptic. When irritable they will resent a hand being laid on their arm, even in the most friendly way, and will impulsively strike out. When in that mood, coaxing methods should always be tried and abrupt dealings avoided. A nurse should never engage in a single-handed struggle with an epileptic. In such circumstances there is great danger of the patient or nurse being injured. The former's powers of self-control are much weakened, and, when in a state of maniacal excitement, she is utterly lost to all sense of reason. If the attention of the epileptic be fixed upon an object, it is not easily diverted, and the persistent way in which she will with stammering utterance repeat again and again the same pointless question is very trying. During their periods of excitement such cases are best treated by being put to bed in a room by themselves until they are calmer. Such a course is much the best both for themselves

and for the other occupants of the wards. It must, of course, be always borne in mind that they must be kept under continuous observation lest suffocation in a fit should occur.

The condition of the bowels should be remembered. Constipation is common, and the nurse should report if any under her care are suffering in that way. The free unloading of any epileptic's intestine will in some cases do more towards lessening excitement than any amount of sedatives.

General paralytics.—This disease is much more common among males than among females. The sufferers are often individuals in the prime of life and strength, and consequently, when excited, are all the more difficult to deal with. Along with the mental affection, there is a gradually advancing paralysis of the muscles of the body generally. This, affecting the muscles of the lips and tongue, produces a curious hesitation and impairment of speech, so that the patient is unable to pronounce some words distinctly.

To the nurse general paralytics present themselves in three well marked stages, though there are of course cases which shade off from the one into the other.

1st. The excited, restless, noisy, violent, utterly irrational maniac, who, to an uneducated eye, appears anything but a paralytic.

2nd. The quiet, placid, easy-going dement, with hesitating speech and uncertain gait, who is careless and forgetful, but quite happy and more than satisfied

with himself and his surroundings. In passing from this stage to the next they are sometimes very restless and troublesome.

3rd. The helpless paralysed being, only able to sit in an invalid chair or to be in bed; hopelessly wet and dirty, and requiring spoon feeding or indeed able to swallow liquids only.

General paralytics have generally most exalted ideas of their wealth and powers. They are the richest and strongest men on earth, and yet are unable to recognise the absurdity of such individuals being inmates of a pauper asylum. They will proffer millions of pounds and gold watches, and in the same breath ask for a copper or a chew of tobacco. Even when helplessly paralysed, they will, with slow and hesitating utterance, cheerfully remark that they are better and stronger than they ever were. Those few cases who are depressed and suicidal, cause much anxiety. Their depression seems as exaggerated as is the sense of well-being in their happier brethren.

In the maniacal, excited stage they are very troublesome, and are noisy, violent, restless, destructive, and dirty. In this stage they are liable to be injured owing to the furious way in which they struggle. Believing in their almost omnipotent powers, they will attempt deeds which no ordinary lunatic would dream of. It is folly to attempt to manage such cases without sufficient attendants to handle them safely. When, along with these violent propensities, it is remembered how easily their bones are broken,

it is not surprising that accidents sometimes happen. When an excited patient is breathing out threats of slaughter and brandishing some weapon which he has obtained, it is well to remember that a mattress makes a very good shield behind which he can be safely approached.

The quieter demented cases can generally, with tact, be easily managed. They have their little displays of temper, but calm down under judicious management. In many respects, they behave like spoilt children, and need much coaxing to keep them right. Any hectoring treatment is resented at once, and only leads to trouble. Towards the end of this stage they are often very destructive in a quiet way, owing to their habit of picking at their clothing.

In the last stage of all, they require nursing like babies. The condition of their bladders must be remembered, and if not wet regularly, the matter should be reported. They are very liable to bedsores, and, in some cases, the utmost care will not prevent their appearance. Even in a night, blisters will appear between the fingers, or where one leg has been lying against the other.

As a rule, except in the depressed cases, the general paralytic gives no trouble with his food. The danger is rather that he may choke, owing to his greedy endeavours to gulp it down too hastily. The feeble cases are very susceptible to cold.

General paralytics are liable to be attacked by convulsive seizures, which much resemble epileptic fits.

The patient's state, mental and physical, is generally worse after such a seizure. The average duration of life, after the disease shows itself, is from two to three years. Some few last much longer, but the affection is at present incurable.

Idiots.—The tendency now, and very properly, is to send idiots to an idiot asylum where they can be taught, and not to allow them to mingle with the adult lunatics. An endeavour is made to teach them to use their faculties, and, as far as lies in them, to be useful. Sometimes the most hopeless individuals in appearance make the best pupils.

Some idiots are very dirty, and addicted to filthy practices. They must be taken to the lavatory at regular times, and an effort made to teach them cleaner and better habits. Many idiots are epileptic, and the more closely they are observed, the greater proportion do we find to suffer from that affection.

Chapter XI.

THINGS TO BE OBSERVED AND REPORTED.

The nurse into whose ward a patient is placed on admission will, as early as possible, obtain a sample of that patient's urine in order that it may be examined. This should be done in every case as a matter of ordinary routine. It is not always easy to get a specimen, owing to the patient's mental condition. An effort, however, should always be made to get enough for an examination, and at times it is necessary to collect the total amount passed in the twenty-four hours for measurement; this will require the patient to be kept under the closest observation. The nurse who has charge of the dormitory should notice each morning and observe whether there be anything unusual in the urine of the respective patients as regards quantity, colour, or sediment. If there be anything out of the common she will save the specimen and report the occurrence to the charge nurse. Frequency of micturition, or any difficulty or pain in doing so, should be noted. In the male wards this is more especially important, since the patient may be suffering from stricture of the urethra which prevents him passing urine. An excitable or violent

patient with a distended bladder is in a dangerous condition, and in the event of a struggle, serious injury may unintentionally be done him. The bladder when distended is easily ruptured, and this accident might readily occur in the case of a patient attacking an attendant or other patient. More especially might it be likely to happen should the struggling pair fall to the ground. The charge attendant should on admission, or as early as possible afterwards, note the manner in which a newly-arrived patient passes urine, whether it is passed with ease or with much straining and difficulty.

It is often almost impossible, even in presumably sane individuals, to get accurate information as to the state of the bowels. Many women who ought to know better are dreadfully careless of themselves in this respect, and constipation is a very common affection among the female lunatics. It is frequently associated with anæmia, and, indeed, helps to keep up that condition. In all cases, but especially amongst epileptics, the nurse should take notice whether any of her patients suffer in this way. We every day meet lunatics who declare that they are purged while passing normal motions. There are others who, with bowels freely moved, affirm that they are obstinately constipated, and demand a daily purgative. Observation alone can decide as to the truth of these statements, and they should always be investigated. The patient, though often making false complaints, may on that particular occasion be

really suffering. The first symptoms of colic or any diarrhœa should be at once reported. This is especially important, as abdominal affections in the insane are often very obscure. The character of the diarrhœa should be noticed, with particular regard as to whether there be any blood in the motion. The nurse should also notice whether the patient has anything in the nature of piles, for even should the doctor think it necessary to make an examination, with some patients it is very convenient to have a preliminary examination made by the nurse. No patient with purging or abdominal pain should be given the ordinary diet until the case has been reported and instructions as to diet, etc., received. Whenever possible, the patient's temperature should be taken, and form part of the report. This is a matter of the utmost importance, seeing that the treatment of the form of dysenteric diarrhœa sometimes met with among the insane is successful in proportion to the earliness of the stage of the disease at which the patient is put under treatment. Extreme cleanliness and early attention to the slightest abdominal symptoms will reduce these cases to a minimum.

The first appearance of menstruation after a patient's admission should be duly reported. In all cases anything unusual as regards the amount or frequency should be noted, and also whether it is accompanied by pain or is attended by any marked change in the patient's mental condition. The nurse

should also be careful to report the presence of any abnormal discharges. Another point which must have the nurse's attention is whether there be any excess in the amount, or any peculiarity in the distribution of the sweat, as, for instance, whether it be confined to one limb or to one side of the body, etc.

Vomiting is not an infrequent symptom among the insane. There are idiots who can with ease regurgitate their food, and, indeed, like ruminants, appear to chew the cud. Some patients eat too rapidly or too much, and vomit almost at will. There are others who, from hysterical ideas, or from sheer stupidity, will induce vomiting by putting their fingers down their throats. The appearance of any nausea, paleness, or sweating before vomiting should be noticed; also whether the act was performed easily or with difficulty. The nurse should examine the matter vomited for blood, foreign bodies, etc. Sometimes buttons, pieces of straw, or such like articles, may be found. If there be anything unusual it should be kept, in order that the doctor may inspect it. Especially with regard to hernia is vomiting to be borne in mind. Attempts at vomiting are sometimes the only symptoms of a strangulated hernia in a dement. At bath, and on every occasion when the nurse has an opportunity of observing, she should take notice whether there be any swelling or fullness in the regions where hernias are commonly found. It is possible that she may find mare's nests, such as

an enlarged lymphatic gland, but such things have an importance of their own, and at the same time the nurse shows that she is taking an intelligent interest in her work. Any blood, whether brought up by coughing or vomiting, should be carefully saved with whatever came up with it. Patients will sometimes declare that they have coughed or vomited up blood when it only proceeds from the gums. In these cases the pocket-handkerchief, or apron which is stained, should always be kept and submitted to the doctor.

Any change, however slight, in a lunatic's appearance or mental condition should be reported. The way in which some of the insane, when excited, appear to be unconscious of pain and maladies that would collapse a sane individual is wonderful. Many will make no complaint, and will give no assistance whatever in finding out from what complaint they suffer. Others will give misleading information, and struggle against any examination. Diagnosis is often very difficult. Patients with acute peritonitis have been known to dance and laugh merrily. Any depression in a general paralytic is of importance. In many cases it means some commencing illness. The appearance of any skin eruption will, of course, be reported immediately.

Chapter XII.

ENTERTAINMENTS.

To superintend the amusements of the patients becomes, after a time, the hardest part of one's duties. It requires an immense amount of perseverance to carry on such entertainments, year after year, without getting wearied and listless about the business. If, however, the interest of the staff in these matters is allowed to flag, they speedily degenerate and become flat, stale, and unprofitable. We must remember to suit the style of our entertainments to the people whom we wish to amuse. To send a party of patients to a performance which they are unable to appreciate, and from which they return bored, and disinclined to attend another, is worse than a mistake. There is something very wrong when strong moral suasion has to be used to induce patients to go to the hall. Probably the most generally popular of all entertainments are the dances. There is lively music, with dancing, for the active; and, when discipline is not too rigidly maintained, there are opportunities for gossip for those who are past such exercises. In some asylums the nurses are allowed to dance with the female patients; in others this is forbidden.

When there are private dances in the female wards for women only, the objections to the latter system are greatly overcome. It often happens that it is in the very cases which would be taken up to dance by the nurses, but would not be likely to dance with males, that we hope for most benefit from the exercise. Each asylum has its own traditions in such matters, and, undoubtedly, each has its good points. There is always a danger that we hold too closely to the old form after the life and spirit have fled. Concerts and coffee parties are other favourite entertainments. The latter are very successful when cheerful and lively, but are most depressing when the patients cannot break through the bonds of routine and enjoy themselves heartily and rationally. A subdued whispering murmur with no individual daring to make his or her voice ring out clearly is a fatal sign. Patients will never thoroughly enjoy themselves until the staff are sufficiently interested to start the entertainment off with a swing. Fancy dress balls are held in some asylums. The great advantage of these is that, for weeks before the ball comes off, and after it is over, there is something to talk and think about. Cricket matches in summer practically take the place of theatrical entertainments. In addition to the benefit derived by those who play during the week, the regular match provides a weekly spectacle and subject for conversation.

The entertainments which are most successful are those given by individuals known to the patients, and

more especially if the performers are those with whom they are intimately associated. In such cases a high degree of excellence is not demanded. Anything done in this way with a desire to interest and amuse, by nurses or attendants, is more appreciated than performances given by expensive professionals.

We want more social life amongst the insane. There might with advantage be more mingling of the sexes, under, of course, due restrictions and precautions. Men and women who are quite capable of associating with their fellow creatures, and of benefiting by such society, have the social side of their nature slowly starved to death. Just picture the daily life of many a female patient. She plods the same eternal round: she gets up, eats, works, and goes to bed; sees no one but her fellows, and is continually subject to their squabbles and petty annoyances. Life in a nunnery is a rollicking picnic to such an existence. Men, too, spend their years in tramping from sunrise to sunset in the same old rut, which only gets deeper day by day, while they grow more and more demented. This is simply creating a species of asylum dementia, and doing it in those cases which might with least advantage be hurried into that living death. We want more cheerfulness in some of our patient's gatherings—a greater sense of freedom, and absence of formality. In large gatherings, as in dance halls, this is very difficult; but there is no reason why selected parties of men and women should not meet together, and mingle

freely with mutual advantage. There are, of course, many who could not be admitted to such gatherings. Still it is wonderful how self-control develops when there is something which is worth the exercise of that quality. Social evenings of this kind imply constant watchfulness, and necessitate a very accurate knowledge of the patients amongst whom you are living. It is in circumstances such as these that one appreciates nurses and attendants who have intelligently observed those under their care. Though every patient in such a meeting is under observation, such a fact need not be made apparent. Men and women from the same town can meet and discuss acquaintances; they can play cards, draughts, chess, or they can listen to the music as they please. Small carpet dances under such circumstances are generally successful. In the better wards the female patients may occasionally invite those of their acquaintance amongst the men to tea, after which are dances, games, etc.

As a rule in county asylums few patients are found who can assist in theatricals. These, almost invariably, are left to the staff. An effort should be made to render one of the entertainments the peculiar property of the patients, that is, to make it an entertainment by patients for patients. Such a weekly evening's amusement has been carried on for years in one asylum. The patients themselves sing, play, and recite, and they ask members of the staff to assist by invitation. Each programme is submitted

beforehand to the medical officer. He strikes off the name of any individual who is not thought then in a fit state to take an active part. The doctor, with, of course, nurses and attendants, is present, but takes no part in the proceedings unless anything unusual occurs which calls for his intervention. The chairman of the concert presides and manages the business. In this case the concert was held in one of the male day-rooms and female patients went to it regularly. It was one of the most popular entertainments in an asylum where amusements were rather a speciality. Anything in which all can take a part is much appreciated; hence the popularity of songs with a good chorus. This, combined with the lively airs, is the reason why the singing of Sankey's hymns on a Sunday evening is always so much looked forward to.

Entertainments are employed as curative agents, and also to lighten the lot of those unfortunate people who are condemned to live apart from their fellows. We endeavour by such gatherings to civilise, and build up again a little self-control. I would rather see a few turbulent patients removed from a meeting, than have the chairs filled with utter dements, safe to give no trouble, but past salvation, and quite beyond being influenced either one way or the other. Entertainments are not to be used indiscriminately. I have seen harm done by allowing cases in the first stage of convalescence from acute mania to attend such things too early. On the other

hand, I have known very marked benefit result, and I have seen cases where individuals appeared to be sinking into dementia, and have been, as it were, dragged back by the revival of their social instincts.

Let us by all means try to give the patients something to think about; to occupy their minds to the exclusion of their individual worries, and the everlasting "discharge day". If even for only a couple of hours in an evening, we can make them forget that they are confined within the walls of an asylum, our time and trouble will not have been thrown away.

Chapter XIII.

THE CHARGE NURSE.

A charge nurse must use her head as well as her hands. She must be able to show her juniors how their work should be done, and must have sufficient strength of character and influence over them to see that they do it properly. The efficiency of the under nurses, and the general tone of the ward, depends much upon the woman who is at its head. The position is no light one and there are many troubles and worries awaiting its holder at every turn. As the charge nurse must render to her superiors, so must she exact ready and implicit obedience from her subordinates. She must insist upon a full and immediate report being made to her of every occurrence, or of any change in a patient's condition. Any struggles, bruises, or other injuries must be entered in the ward journal with a full account of the circumstances attending the incident. In addition to this it would aid the much tried memory of the charge nurse if she kept a note book in which new delusions, habits, etc., of patients could be noted, and orders, etc., written down at the moment they were given. This would also help her to acquire the useful power

of putting the results of her observations into words. When she leaves the ward in charge of her second (as for instance at her meals) she should be careful that the latter is posted up in such matters as ought to be reported to the medical officer should he visit the ward during her absence.

She is responsible for the condition of the ward and the patients, and will depute to her subordinates their special duties. She must see that they are made acquainted with the suicidal tendencies, or any other peculiarities, of those requiring special attention. The times when supervision is likely to be imperfect, and when accidents are liable to happen, are when the patients are being got up in the morning and being bedded in the evening. A strict attention to special cases is needed on these occasions.

By the exercise of tact and good temper the charge nurse can do much to allay excitement, and prevent squabbles and troubles amongst the inmates of her ward. Her eye must be always around marking quietly the habits and dispositions of those under her care. She should be aware of the evil effect of bad associations, and should be quick to remove a woman from the influence which a discontented, querulous, or evilly disposed fellow patient may be acquiring over her.

In the morning her duties will begin by visiting with the night nurse, and speaking to, every one of her patients before signing the night report and so taking over the responsibility for them. When the

patients are scattered over the house to sleep, it is sometimes convenient to depute part of this duty to her second, but it is very foolish to sign the night report until either she herself, or a subordinate in whom she has confidence, is satisfied from personal observation that the patients are all right. A note should be made of all beds found wet in the morning.

The temperature and ventilation of the day-room and corridors will call for her special attention. The former is especially important early in the morning, and the first duty of an under nurse should be to light the fires.

The charge nurse must exercise a general supervision at meal times. She must see that each patient gets her fair share of food, and that those on special diet get it. In the sick wards care must be taken that those on milk, or special diet, do not steal from their neighbours.

The patient's clothing will need constant looking to, and it would be well occasionally to overhaul a dement who is unable to complain, and see whether she has been properly attended to as regards clothing and cleanliness. The flannel underclothing is apt to be forgotten. On no account must the bathing, or changing, of dirty cases be left in the hands of other patients, no matter how sensible or capable they may be. There can be no objection to patients assisting a nurse: indeed, in some instances, improvement in a woman's mental condition has gone on rapidly after she began to take an interest in a

more helpless fellow-sufferer. In conveying cripples and feeble cases from one part of the ward to another, the nurse must always assist.

The charge nurse should insist upon constant trials being made to induce patients to employ themselves. It is unfortunately true that when a ward is well supplied with good workers, the duty of trying to get troublesome patients to work does not seem so important as it should do. It is curious how efficacious efforts in this direction become when these working patients are removed to another ward, and the want of patients' assistance is acutely felt.

The extra diet sheet with a list of those patients requiring special supervision and of those under medical or any special treatment (with the nature of the latter), should be kept in the medicine chest ready for inspection at any time.

The charge nurse is responsible for the care of the ward stock. She can do much to prevent waste and lessen destruction even in the worst wards. Attention to mending and forethought in this direction will do much towards reducing expense. She must administer medicines and dress wounds.

The daily report sheet will be a record of the day's work in the ward. It will give the numbers of patients employed, and how ; the number out walking ; those in bed ; those who have been excited and destructive, etc., etc. There are usually printed forms with the various headings given under which the nurse makes her entries.

Chapter XIV.

THE NIGHT NURSE.

To make a good night nurse a woman requires common sense, calm judgment and self-reliance. Her duties are at times very trying. They begin with visiting her patients in company with the day nurses who are in charge, and seeing that they are alive before taking them into her care. All alterations in the sleeping arrangements should be reported to her, as well as any change in the condition of any of the patients.

The night report must be accurate, and given with sufficient regard to details. It is not enough to say that a patient had a draught and slept fairly. She must name the time at which the draught was given; how long it was before the patient dropped off to sleep; and the number of hours slept. Bad habits, restlessness, or excitement should be reported and the hour given at which they occurred. A new admission must have a specially detailed report stating whether she slept, and for how many hours; whether the bowels were moved, and if she passed urine. The latter should be saved for examination. Suicidals and epileptics should sleep with the face uncovered

and within the nurse's view. Those epileptics who have fits not preceded by the characteristic cry should have their beds placed as conveniently near the nurse as possible. The nurse must be watchful. It is not enough that she peg the recording clock at proper intervals. The whole of her duty does not consist in keeping awake. The habit of reading is dangerous. Attention cannot be given both to patients and an interesting book without the former suffering.

Wet and dirty cases must be got up at regular intervals. Their names, and the times at which they are got up, must be noted. A sharp look out must be kept on such cases, and when wet, they should be changed immediately. With a few exceptions, wet beds are a blot on good night nursing. If the day nurses strive hard to prevent bed-sores in feeble and bed-ridden cases, it curdles the milk of human kindness to find those patients wet, with skins red and tender, on coming on duty in the morning. The nurse who visits the dirty, destructive, and violent cases has an arduous and trying task. It is not always safe for a night nurse, single-handed, to undertake the changing of a dangerous lunatic. There are some few cases, indeed, whose rooms it is not always wise for her to enter alone at night. Some single rooms have arrangements by which they can be lighted up, and the night nurse can, from without, see if these exceptional cases are all right. In cold weather, destructive cases need frequent looking to. They often tear up their bed clothing and leave them-

selves uncovered. When a patient requires to be bathed she must be wrapped in a blanket both in going to and coming from the bath. A note should be made of any patient whose chamber is found empty. Though some appear to suffer but little from the practice of drinking their urine, there are cases in whom unaccountable attacks of prostration have been due to this habit. Violent and dangerous patients should not be given earthenware chambers. They are dangerous weapons in the hands of excited lunatics. The india-rubber articles are with difficulty kept sweet but are not so dangerous.

The night nurse must not forget her own health, and should have daily exercise out of doors.

Chapter XV.

THE SICK ROOM.

It is not possible here to enter into the details of sick nursing. Every asylum nurse should have instruction in the ordinary everyday duties of the sick room. She should be able to make and apply poultices; give an enema; change sheets, etc. Without such training, she is unfit to take charge of private mental cases. The nursing of the insane sick requires all the care, and double the patience and forethought, requisite in tending upon the sane. Strict obedience to orders is all-essential. No medicines; not even a teaspoonful of castor oil, must be given without definite orders to that effect. It is hardly necessary to say that all drugs must be kept out of the way of the patients.

Bedsores.—Occasionally in brain and spinal cases, and more especially in general paralytics, all the care and attention possible will not prevent the appearance of bedsores. They should not, however, be allowed to form in ordinary cases. Patients liable to them should be placed on a water bed or cushion. They should not be allowed to lie for any length of time in one position, but should be moved, so as to

prevent pressure being applied for too long a period on any one part. Those with a glimmer of reason should be encouraged to ask for the bed-pan. When changing is needed, it must be done at once. The sheets must not be allowed to get into creases, and crumbs, etc., must be kept out of the bed. The parts likely to be affected may be sponged with spirit lotion, or such application as the doctor directs. Frequent examination is necessary to detect the first signs of any tenderness. When a sore does form, the pressure should be taken off it as much as possible by padding around it with cotton wool, and paying careful attention to the patient's position in bed. The sore will be dressed as directed.

The various forms of water treatment will be carried out under the personal supervision of the head attendant or head nurse. Amongst these are :

The Wet Pack.—This is a very useful method of treatment in some cases, but to be effective must be thoroughly and carefully carried out. It is not easy to pack an excited lunatic without the aid of four or five skilful assistants. Sufficient nurses must be present to manage the patient without risk of injury in her struggles, and to pack tightly. The wet sheeting must be arranged without creases. These cause great discomfort and pain, and may leave wheals or bruises.

The following articles are required :—

1. An iron bedstead, one with sacking bottom for preference.

2. Four sheets folded rope-fashion must be passed between the framework of the bedstead and the sacking frame on one side: carried under the bedstead, and brought through between sacking and frame on the other. They must be arranged in corresponding situations to the middle of the legs, lower part of the thighs, the hips, and the chest of the patient.

3. Three or four blankets. If large sized let them be spread over the bedstead in the usual way; if small, let them be spread crossways. They must be broad enough to wrap well round the patient, and long enough to be folded up comfortably over the feet.

4. Vulcanized sheeting. Either one large sheet or several small ones must be spread over the blankets. The sheeting must be sufficiently large to wrap round the patient.

5. A thin blanket rolled up along its broad width roller-fashion.

6. A sheet dripping-wet with cold or lukewarm water, according to medical orders, is spread out on the vulcanized sheeting.

The patient is undressed and laid on the wet sheet. Her arms are held close to her sides and her hands, fully opened, are applied close to her body. She is wrapped tightly and carefully in the wet sheet, which reaches from her neck to her feet. This is the part of the packing which is most troublesome and at the same time most important. Without a sufficient number of nurses who understand their work it is

almost impossible to arrange the sheet tightly and without creases. The thin roller blanket is then taken, and applied in like manner. Next the vulcanized sheeting is smoothly and evenly wrapped around, and then, one after another, the blankets. The packing must be done tightly, or the patient will be able to struggle and chafe herself in it. Each successive fold is of course more easily applied than the preceding one. Pillows are then placed over the chest, lower part of the abdomen, thighs, and legs. The blankets are folded comfortably over the feet, and secured under the pillows which are placed upon the legs. The four sheets, which had been previously arranged, are now tied over the pillows sufficiently tightly to keep the patient secure. A low pillow is placed beneath her head, on which cold cloths or cold coils are placed. A nurse remains with the patient to sponge her face and attend to her generally. She is taken out of pack every hour, and, while the bed is being rearranged, she is douched with warm water and receives beef-tea or hot milk, etc.

The dry pack is carried out in a similar way but without either the wet sheet or vulcanized sheeting. Packing is considered restraint, and similar articles to those used in the process must be shown to the Commissioners in Lunacy on their visit.

Hot Bath.—The temperature of a hot bath ranges from 98 deg. to 110 deg. F. : usually it is ordered between 100 deg. and 103 deg. F. The danger of injuring a struggling patient against the framework

of the bath must not be forgotten. The water in the bath is brought up 99 deg. F. before placing the patient in it. Hot water is then added gradually until the water reaches the desired temperature, which is ascertained by means of the thermometer. The patient has cold cloths or sponges applied to her head while in the bath. When taken out she is dried and well rubbed; is clothed in a flannelette night-dress and wrapped up warm in bed. Sometimes a little stimulant is given before the bath, and beef-tea, hot milk, or egg flip after she has been put back to bed.

When a *hip* bath is given it must be remembered that the water cools rapidly. Hot water must therefore be added frequently, and the thermometer kept in constant use. The patient's shoulders should be covered with a blanket. A *warm* bath is one between 92 deg. and 98 deg. F.; a *tepid* one between 85 deg. and 92 deg. F.

Sometimes douching is combined with the hip bath. Turkish baths are in use in some asylums.

Rules for ordinary bathing are hung up in every bath room. Patients confined to bed, and who cannot be bathed, should be regularly sponged over. In some cases the addition of a little "sanitas" or some similar preparation is advisable. The nurse should be careful to sponge, and dry carefully, under the breasts, the folds of the groins, and surrounding parts. Sometimes the use of a little dusting powder is of advantage.

It is very convenient to have the nurses in charge

of the female sick room taught how to use the catheter. The nurse must never forget how all-important it is that the catheter should be kept scrupulously clean. After being used it should first be washed through with a good jet of clean water and then washed with carbolic lotion (one in twenty). Before being used again, it must be washed in the carbolic lotion and lubricated with carbolic oil. The nurse must remember that carbolic acid is a poison, and must be carefully kept out of the patient's reach.

Great caution is requisite in taking the temperature of lunatics. They are occasionally inclined to mistrust the clinical thermometer, and it is apt to get broken.

Massage is sometimes very useful in the treatment of the insane. Every nurse who has the opportunity of getting practical training in the methods of carrying it out should certainly take advantage of it.

Chapter XVI.

HOSPITAL AND ASYLUM NURSES.

It is true that no asylum nurse can be efficient who has not had training in the duties of the sick room, but it is equally true that no hospital nurse can be considered thoroughly trained who has not had some instruction in dealing with mental cases. The duties of the two classes of nurses are not distinct. Each could learn much from the other. It might be possible to meet the difficulty in the case of the asylum nurse by making each probationer pass through the infirmary wards under a charge nurse who would take an interest in and try to teach her, but for the hospital nurse there is no chance of practical training. Why should not our asylums work hand in hand with the neighbouring hospitals: receiving their probationers for a period of months, and giving them instruction both practical and theoretical? The next great advance in our treatment of the insane lies in the improvement of our nursing staffs. Each asylum should train its own staff, and, if it can turn out a good article, why not place its own brand upon it? Let each asylum give certificates which testify to the training and pro-

ficiency of their bearers. If some of those so trained leave the asylum for private work, let them go, carrying with them our best wishes for their success. Those best suited for work in the asylum will remain, and the service should be made sufficiently attractive to retain them. The asylum nurse of the future must be more an aid to the physician than she could be in the past, though her work has been deserving of all praise. Of her we can say with truth—She did what she could. It rests with us to see that her power to do good in the future is greater than it was in the past.

Chapter XVII.

PUERPERAL INSANITY.

The term puerperal insanity has been used to denote those forms of mental disorder which arise during pregnancy, at or shortly after delivery, or during the months when the mother is suckling the infant. It thus includes very different conditions which are more conveniently described as: (1) the insanity of pregnancy, (2) puerperal insanity (properly so called), (3) the insanity of lactation, or that form of mental disorder in the production of which the exhaustion caused by nursing the child plays an important part.

1. *Insanity of Pregnancy.*—Though the pregnant state ought to be a perfectly normal and healthy one it unfortunately is often far from being so. It is a matter of everyday observation that many pregnant women have their disposition and characters materially altered without the change going so far as to constitute insanity. They are not uncommonly fretful and filled with anxious forebodings and indefinable dread that something very shocking is going to happen to themselves or the unborn children. The well-known cravings and morbid appetites are also evidences how profoundly the nervous system is

affected by this state. These are in the vast majority of instances perfectly harmless manifestations, but would become very serious should the craving take the form of a liking for opium or alcohol. But although these symptoms may not be very grave in themselves they still afford warnings of what might occur, and make the physician more watchful of the case, more particularly if she have an inherited predisposition to nervous disease.

The insanity of pregnancy is said to occur most frequently in first pregnancies, and more especially so if the woman be unmarried or over thirty years of age when she was married. The mental affection may appear before the third month or later than that period. In the former cases recovery frequently takes place during pregnancy, but the latter generally go on until delivery and may then pass into puerperal insanity. Only the worst of these cases find their way into our public institutions. It is a very sad thing for a child to be born in an asylum, and the friends of the patient naturally make every attempt to treat her outside. Though some of the cases are acutely maniacal the greater number suffer from depression. The evil forebodings deepen, the patient becomes more fretful, sleeps badly, and is influenced by jealous suspicions of those about her. The case may go no further than this and be easily enough managed. The jealous suspicions, however, may grow into actual delusions, and the husband is generally the victim. He is accused of being unfaithful and

cruel. The woman's moral nature becomes changed, and she makes dreadful charges against him and others about her. She fancies strangers have designs upon her husband and children, and the nurse will not unlikely be included in her accusations. If the patient be in an asylum some particular nurse may be singled out as the object of her special dislike. The moral twist may even assume the form of taking things which do not belong to her, and a true kleptomania may develop. Regard for her personal appearance may be lost and she may become utterly careless about her attire. It is in some of these cases that we find the worst examples of suicidal impulses. The intense jealousy and dislike of unoffending individuals may also lead to homicidal attempts, and necessitate the most careful watch after delivery lest injury be done to the child.

The insanity of pregnancy must be managed like other cases of acute mania or melancholia, but with special care and precautions adapted to the peculiar circumstances of the patient. The great danger of suicide must be borne in mind. The possibility of precipitation downstairs or from windows must be guarded against, as well as the chance of the patient rushing violently against the corner of a table or piece of furniture with the intention of injuring herself or the child. Such cases are all the more anxious on account of the danger of struggles with the pregnant woman, and sufficient aid should be at hand to manage her without any risk of falls if

possible. Accurate observation as to the condition of the patient's bladder and bowels is important, and note should be made of the quantity of food she takes and the amount of sleep she has. In some instances very close observation is required as the time of confinement approaches, and more especially so if the patient be very excited or in a state of stupor. Sometimes no indications are given that labour is going on, and if the delivery be very rapid the patient may be able to injure the child before the nurse can interfere.

There is a form of passing insanity which may occur during delivery, or immediately after, and, though not dangerous so far as the patient's health is concerned, it is of great importance, since under its influence she may injure either herself or the infant.

2. *Puerperal Insanity.*—The form of insanity which may rightly be called "puerperal" is that which occurs either immediately after delivery or within a period of six weeks from that event. This is perhaps the most terrible of all forms of mental disorder. Insanity is a very dreadful affliction at any time, but its sudden and often quite unexpected appearance after childbirth is particularly saddening. Though many causes may assist in its production, yet hereditary predisposition is one of the most powerful, and a patient who has once suffered is liable to be affected in subsequent confinements. Sometimes a nervous shock, such as the sight of the placenta, seems to have precipitated

an attack, and nurses should be careful not to discuss details of "bad" or "interesting" cases with, or in the presence of a woman about to be confined. It is an affection which is perhaps more common among the rich than among the poor and hardworking.

The insanity may take on any form, mania, melancholia, or a condition of stupor or dementia. When the attack occurs within a few days after delivery the disorder is more likely to assume a maniacal type. It is doubtful in some instances what part blood-poisoning, either from the internal surface of the uterus or from injuries caused during delivery, may play in the production of the disease. This, however, is only another reason for extreme care on the part of both the medical man and nurse. For a day or two the patient seems to go on favourably, but then a change takes place. She is unreasonable, and it is difficult to do anything to please her. Her expression changes and she becomes sleepless and talkative. Perhaps she shows some indifference with regard to the child, or it may be even actual dislike. Her appetite fails, or she may refuse food altogether. If her temperature be taken it is found to have gone up, and she may complain of tenderness over the lower part of the abdomen. The vaginal discharge may cease or may become fetid, and the bowels are frequently constipated. It is important in such cases to keep the child away, as the mother may, under the influence of some sudden impulse, attempt to destroy it. In severe cases, which alone come into asylums,

the patient becomes restless, noisy and incoherent, while her language and behaviour are often very obscene. Indeed, some women who have been carefully brought up will use expressions and language which cause us to wonder wherever they could have heard them. As the case progresses the patient will probably refuse to stay in bed, and may have hallucinations of sight and hearing. She may be violent and even have homicidal impulses of which the nurse may be the victim. It is wonderful what an amount of strength such patients can exert, even when to all appearance they are very weak or almost exhausted. In the more severe cases the restlessness increases: the patient is nearly always on the move, and often keeps up an incessant, incoherent chatter. The desire for food is quite gone, as well as the knowledge of her need of it. Her lips become dry and cracked and her general appearance is haggard and worn-out. It is difficult to get any food into her mouth, and even when that is accomplished the patient is quite regardless of its presence, and will make no attempt to swallow it. This, the more severe type of the disease, sometimes exhausts the sufferer very rapidly.

Instead of this acutely maniacal condition the patient may fall into a state of stupor, being quite lost to her surroundings and making no attempt to take food or attend to herself in any way.

The cases which arise at a later period are generally more inclined to the melancholic type. The

patient is fretful and discontented with everything. The nurse is always in fault and whatever she does is wrong. Not infrequently the patient influences her friends, who behave unjustly to the attendant, under the idea that she is in some way to blame for this change in the invalid's disposition. The patient may show intense dislike to her husband and hatred towards the child. She may fancy her food is interfered with and refuse to take any. As the depression becomes more marked she may begin to hear voices and to believe that she is very wicked and can never be forgiven. In this stage of the disease suicidal tendencies are not uncommon. Some patients pass into a curious state in which they resist and struggle against everything that is done for them, no matter what it may be. She will not allow herself to be dressed nor will she permit her clothes to be taken off. She will not get out of bed nor will she return to it when once she is up. She will not take food nor will she leave the dining-room, but clings to the furniture when wanted to move into another room. It is very often a tiresome business to get such a patient's hair seen to, and it is not at all unusual for patients to complain of cruel treatment afterwards, owing to their indistinct recollections of these struggles to keep her tidy. Many cases appear unable to understand what is said to them, but keep repeating some phrase over and over again. Sleeplessness is a prominent feature, and such cases rapidly waste and lose flesh.

The nursing of puerperal insanity demands unceasing and vigilant care. In the very excited and acutely maniacal cases it is difficult, owing to their restlessness, to keep them clothed and warm. Thick flannel combinations which lace up the back and are provided with feet will be found very useful. In place of feet joined to the combinations thick woollen stockings may be used, but generally the patient will not allow them to remain. Occasionally in suicidal and in some very dirty cases it is best to cut the hair, but it is well to refrain from this extreme step if possible. The room should be darkened and quiet. The floor should be padded or covered with mattresses, and the bed made on the floor. If at any time the patient should lie down, the nurse should see that she is warmly covered with clothing and a pillow placed under her head. This allows her a chance of getting a little sleep, and is better than rousing her by an endeavour to get her into bed. If the patient be suicidal it will be necessary to provide her with warm but untearable rugs. If she once fall asleep great care should be taken not to disturb her. It will sometimes be observed that immediately after a nap the excitement is even greater than it was before sleeping. She will probably be quite lost to the calls of nature and will need changing and bathing. This must not be attempted without sufficient assistance. Nourishing food, which in most instances will require to be in liquid form, should be kept at hand and frequent

attempts made to induce her to take some. Though generally it is not a plan to be recommended, draughts, etc., may be given in food to acute cases who are quite lost to their surroundings. To supply nourishment and obtain sleep are the important aims of the treatment.

The condition of the bowels must be noticed, and whenever practicable the urine should be saved for examination if thought necessary. If the patient do not pass urine the fact must be noted and reported. The use of vaginal injections will perhaps be called for, but this method of treatment is much more easily ordered than carried out in every case, though careful attention to cleanliness is requisite in all.

The state of the breasts must be attended to and it may be necessary to use the breast-pump. Perhaps rubbing and some application may be required.

Though this period of acute excitement is a very trying one for the nurse it is more easily borne than a subsequent stage through which many puerperal cases pass. This is a condition in which they are able to give an apparently coherent and sensible account of themselves, but are discontented with everything about them, and charge all who have had to deal with them with cruelty and ill-usage. It is very hard to find that patient's relatives refuse to recognise this condition as a phase of the insanity, but show by their manner, if not by their words, that they are of opinion that the patient has been

harshly and unfairly treated. The melancholic cases require to be managed in the same way as ordinary cases of depression.

3. *The Insanity of Lactation.*—The influence that prolonged lactation exerts upon different women varies very much. Anæmia and nervous exhaustion are produced much more rapidly in some individuals than in others. Of course many things must be taken into consideration when searching for the causes of this difference. The strength of the woman, her social position, the quality of her food, etc., would all have to be considered. As might be expected lactational insanity differs from puerperal insanity in being more common among the poor than among the rich and well fed. The disorder may take the form of either mania or melancholia. It rarely develops suddenly, but is preceded by a period of altered disposition during which the woman is irritable, suspicious and hard to live with generally. The severity of the symptoms varies: some cases are extremely noisy and violent, while others are depressed and suicidal. Sleeplessness is generally a prominent feature of the illness.

The majority of these cases are managed at home. The child must be weaned at once, and abundant nourishing food given to the mother, who should be removed as far as possible from all worrying influences. In their general management these cases do not differ from that required for ordinary mania or melancholia.

Chapter XVIII.

HYSTERIA.

Hysteria is a functional disease of the nervous system. By a functional disease we mean one in which there is no known change in the structure of the organ affected to account for the symptoms. Hysteria may simulate almost any affection of the nervous system, and that so closely as to require great skill and experience to distinguish between them. It is not that side of this strange disease which we have to deal with, but rather the way in which it affects the mind. That it does do so and very profoundly is evident to all. Hysteria comes very near to insanity: indeed it is sometimes very hard to say where hysteria ends and madness begins. There is a popular idea that all sufferers from hysteria are shamming and ought to be treated accordingly. This is wrong. It is true that we find instances again and again of what it is hard to believe are anything but wilful attempts to deceive, but at the same time the illness is real and the sufferer is deserving of pity, though it would be very foolish to let her know it. She cannot help herself. Her will-power is affected and she needs external stimulus

to rouse it to action. It has been said that there is not so much the presence of the will to do wrong as the absence of the will to do right. This applies with much more truth to the physical than to the mental symptoms. We frequently meet with hysterical lunatics who, while certainly deficient as regards the will to do right, are by no means weak in the will to make mischief.

The chief causes of the disease may be said to be inherited weakness of the nervous system and a bad bringing-up. The faults of the child's disposition have been fostered rather than rooted out by the system of education under which it has been reared. When we think that it has, in most cases, been under the influence of relatives who are themselves emotional and wanting in self-restraint this will be easily understood. Instead of being taught patience and self-control it has been allowed to have free play for emotional outbursts, and has been accustomed to be made a great fuss over on every occasion.

Both sexes may be affected. In this country the victims are more frequently women, but in France it is found that men are affected at least as often as the opposite sex. When it is a male in this country the symptoms are generally of a melancholic type, and somewhat resemble a case of hypochondriasis, or that state in which individuals are morbidly anxious about their health.

Hysteria may display itself at almost any age, but it is most frequent among girls and young women

from about fourteen years of age and upwards. Some well-marked cases, however, are seen in children, especially among the weak-minded inhabitants of our large institutions. The child is self-conscious and always anxious to attract attention to herself. She will do silly and extraordinary things to bring herself into notice. Attacks of vomiting, or screaming of hysterical origin, occur, and occasionally such children become regular little furies, biting, scratching, kicking, destroying clothing, etc., until the fit ends in convulsive sobbing. These outbreaks are quite different in character from the excitement seen in cases of acute mania in children, and when once seen are easily recognised again.

In the older cases the same desire for notoriety is displayed. To be an "interesting case" is the height of the patient's ambition and her great endeavour is to secure attention from the opposite sex. Sexual ideas are often very prominent. Hysterical young women will sometimes make advances to men, and, when these are not responded to, will accuse them of indecent assault. Even without the incentive of wounded self-love they are apt to bring such unfounded charges, and it is always dangerous for a medical man to make any examination of such patients unless he have reliable witnesses present. They will write slanderous, obscene, anonymous letters, set fire to houses, haystacks, etc., and even go the length of murder in order to bring themselves before the public. Doubtless, too, this phase of the hysterical character is more common in

males than is generally believed. After such proceedings as these she finds her way into the asylum—if she have escaped being sent to prison. Here she is a positive nuisance. She is constantly complaining of illness and is the victim of extraordinary and contradictory symptoms. It is not uncommon for her to declare that she is "bringing up blood," the real origin of which is from her gums or it may be menstrual. She will cut or break her hair off short, will refuse food, make attempts at suicide, or even mutilate herself in order to render herself an object of interest. Retention of urine may be present, but hysterical cases are seldom wet or dirty. She is very jealous, and attention paid to another patient easily upsets her. She will then occasionally break out into a paroxysm of noisy excitement, during which she will scream, tear her clothes, smash glass or make attempts (not always very serious) at suicide.

Often also she will endeavour to give the nurses all the trouble and annoyance in her power, while being extremely polite and pleasant to, and in the presence of, the superior officers. It is this class of patient that makes charges of ill-usage against nurses which on examination are found to be groundless. As a rule the patient has some insane reason for being jealous of the nurse whom she accuses. Such a patient will make great demonstrations of attempting suicide, or will perhaps, even while the nurse is looking at her, secrete tapes, pieces of glass, corset steel, etc., about her clothing. She knows that the

nurse will be anxious about, and will have to pay special attention to, her. It is very trying to be in charge of such cases, because though they are not likely, unless by accident, to do themselves any serious injury, yet this accident might happen, and they are setting a bad example to and unsettling other patients. Some will also take a delight in secretly instigating others to be insubordinate. The association of two or three such individuals always causes trouble and they should be kept apart as much as possible.

There is a very close connection between hysteria and hypnotism, and there are few hypnotic persons who are not hysterical. We find among hysterical subjects cases of prolonged sleep, who will take food when it is brought to their lips but again sink into the drowsy condition. Some again will walk about and perform acts in an automatic way, and yet have no recollection of the occurrence afterwards. These conditions are, of course, very rare.

The popular idea of hysteria centres around the "fit of hysterics" which is known to every one. This outburst of emotional excitement and convulsive exercises is generally brought on by some disturbing influence upsetting the patient's emotional balance which is never very stable. It consists of uncontrollable laughing or screaming, and may end there or pass into regular convulsions. It may last but a short time or may continue for one or two hours. In many cases the patient appears able to select the time and place for the performance, but

this is not always so. Such "fits" may occur when there are no spectators and without any known cause to excite the emotions. As a rule the patient manages to avoid injuring herself, but this again is not without exception. Very severe cuts or bruises may be received in the fall or struggles, though the tongue is seldom bitten, as so often occurs in epilepsy. There is an exaggerated kind of hysterical seizure, of which examples are found in asylums, in which the symptoms more closely resemble epileptic convulsions. This affection is called hystero-epilepsy, but must not be confounded with true epilepsy.

In the management of these cases the less active the part taken by the medical man the better. The nurse must firmly and kindly, but without any display of sympathy, carry out the details of the treatment. It is well to let the patient see that the nurse is quite convinced that the treatment the patient is under is certain to effect a cure.

In children a regular routine must be established and adhered to: self-control should be encouraged, but self-consciousness and the craving for sympathy and notice should be restrained. Without neglecting what might really be genuine symptoms of serious disease, the child must not be led to expect that every complaint of hers will meet with ready sympathy and make her an object of general attention and pity. In most cases it is well to remove hysterical patients entirely from their friends' influence,

and in some to subject them to definite treatment as regards food, massage, etc. The nurse must distinctly understand that while, as part of the treatment, it is necessary to isolate the patient and avoid displays of sympathy, yet the hysterical individual is suffering from a disease and is not merely shamming. We want to try to rouse the will to get well. The influence of the sexual element must be borne in mind, and if retention of urine should ever call for the use of the catheter it will be better for the nurse and not the medical man to draw off the urine. If the patients are in weak health regular supplies of food at stated intervals must be given: if they are in good health it is just as well, while watching them closely, to appear to leave them severely alone.

No reports about any hysterical patient should be made to the doctor in her presence.

Though it is a hard task to accomplish, the nurse must strive not to show that she is irritated by the tricks of the patient. She must try to keep her closely under observation without apparently being concerned about her. During a "fit" this is also the best method of treatment, but at the same time care must be taken that the patient does not by accident or otherwise injure herself. There are means of cutting short such attacks (as cold bath, cold douche, electricity, etc.), but in an asylum these can only be employed by the doctor himself or under his personal supervision.

Chapter XIX.

NURSING THE INSANE IN PRIVATE HOUSES.

Friends of the insane are often, and rightly, anxious to have their relatives nursed at home if it can be possibly managed. This is generally so in cases of the insanity of pregnancy, and it is often a necessity in severe and early puerperal cases. The stigma which unfortunately still clings to a residence in an asylum is thus avoided, while the patient is retained under the care of her usual medical attendant. The desire of the friends to take part in the management, though very praiseworthy, is of doubtful benefit to the invalids and may seriously hamper the efforts of a conscientious nurse. We may say that almost invariably it is better that the patient be left entirely in the hands of the medical man and the nurses, and that friends be admitted only when such an experiment is deemed advisable. We have seen patients whose recovery has been much retarded, if not prevented altogether, by the injudicious interference of well-meaning friends. They are over-indulgent at one time and irritable at another, and are often incapable of exerting any moral influence over the

patient. Their feelings are too much interested in the sufferer to allow them to maintain a calm temper and exercise a clear judgment; firmness is apt to be confounded by them with harshness, and they are a hindrance to others doing what is best for the insane person. By their presence, also, they prevent that complete severance from old ideas and associations which is often of so great benefit. Among the worst examples of mismanaged lunatics received into our asylums are those who have been under the care of their own relatives.

For an ordinary chronic or quiet case, who needs no attention at night, one nurse will be sufficient, but it is not always easy to say how many should be provided for acute cases; so much depends upon the strength of the patient and the character of her symptoms. In an acutely maniacal or restless melancholic with suicidal tendencies, three, at least, will be required. If the patient be very feeble two *might* be enough. The provision for night duty, meal times and daily open-air exercise for the nurse must be borne in mind. It will probably be found cheaper in the long run, and certainly better for the patient, to provide sufficient help from the outset of the illness. It is so difficult in insanity to foretell what an hour may bring forth, and how much the subsequent history of the case may be influenced by judicious treatment or the reverse at an important crisis. The sleeping accommodation for the day nurses should not be far from the patient's rooms, so

that they may be quickly summoned to assist the night nurse if required.

The following are a few practical points which will be found useful in private mental nursing.

Nurse's Dress.—This must be such as to allow her the free use of her limbs and not to interfere in any way with her free movements. Trains are objectionable, and may actually become dangerous in an emergency by entangling the nurse's feet. Streamers to caps will afford a tempting object for a mischievous patient to clutch at, and chatelaines with a jingling accompaniment of scissors must be laid aside. When a restless patient is to be fed, it would be well to wear an apron with a bib large enough to cover the whole of the front of the dress.

Selection of Rooms for the Patient.—This must, of course, be decided to a great extent by the nature of the case and the accommodation available. For a quiet or chronic case without any special features there need be no great change made in the ordinary bedroom and sitting-room. In mild cases of melancholia it is well to make the precautions taken as little noticeable as possible, and to remember that the best safeguard of all is incessant vigilance and unremitting supervision. In feeble, or in very acutely excited, or in markedly suicidal, cases, the situation and furnishing of the rooms become a matter of much more importance. Those on the first or second floor have the advantage of being more private, and the bathroom is generally more conveniently situated

than if rooms on the ground floor were chosen. This latter consideration will sometimes be of great weight. In very noisy cases it is, of course, desirable to have them as private as possible. Two rooms will be required; one for use by day and the other by night, so that each may get thoroughly ventilated and cleaned. Only those who have nursed acute dirty cases know the necessity for this. After the very acute stage the rooms will probably be used as bedroom and sitting-room and furnished accordingly, but in very acute and excited cases this distinction can hardly be made. The rooms and the bathroom should, if possible, be on the same level, so that there is no difficulty in moving the patient from the one to the other.

Rooms on the ground floor have the great advantage of affording ready access to the open air. It is important to have a garden or some place where exercise can be taken without being overlooked by curious spectators. Even in the worst phases of the complaint it will then be possible to get the patient outside for a little while every day on which the weather permits. This gives an opportunity for throwing both rooms open to the air and sunlight. By having the patient on the ground floor the risk of precipitation from windows or down the staircase is also avoided, as well as the danger of struggles on the latter.

The ideal arrangement would be to have the rooms on the ground floor and facing towards the

south, with bathroom and lavatory adjacent and a large private garden close at hand.

When a patient is very excited and inclined to be violent it will be found convenient to have the doors opening outwards and not into the room. The floors should be of polished or varnished wood or waxed linoleum. They are then easily cleansed and do not readily become foul by becoming saturated with urine, etc. Carpets are not to be recommended; they are easily soiled and difficult to clean. Rugs can be placed about where they are required, and can be taken out daily and aired. They are sometimes dangerous when dealing with a violent patient, as they may slip in a struggle and cause falls.

Furniture.—As mentioned before it is in many cases unnecessary and even inadvisable to make any change from the usual homelike character of the rooms occupied. In some cases a few alterations should be made, but in the very acute stage of the worst cases it will be necessary to furnish or rather unfurnish the rooms in accordance with the symptoms. It is to the latter forms of the disease that the following remarks refer. The removal of hangings, etc., which might interfere with ventilation, is as necessary here as in any ordinary acute disease.

Bedstead.—In very feeble and not too restless cases it will be well to retain them on a bedstead as long as ever possible, as they can then be more easily changed and attended to. If the patient be very restless and excited, or if very feeble and tottery,

there is a risk of her falling against the bedstead, either from weakness or when struggling with the nurse. In these circumstances it will be better to remove the bedstead and make up a comfortable bed on the floor which should be padded with mattresses. Sometimes a low framework with spring mattress is used on which the bed is made. If the patient be very restless and, as they often are, given to pulling their bedding about, this framework may become displaced and accidents may occur through a fall on it.

We may say that, as a rule, in very restless and feeble and in acutely excited cases the bedstead is better away. In doubtful cases a short experience will decide the question. Some patients rest better on the bedstead, and the election must be made between removing it and running the risk (which may be small) of an accident. It is at times advisable to have the bedstead firmly fixed to the floor.

Windows.—These should be made to open only about five inches at the top and bottom. This is easily done by placing wooden stops in the framework which allow the sashes to move only a certain distance up and down. It will be well at times to be able to darken the room, as well as to protect the glass at night from a restless or violent patient. This should be done by means of a locked shutter which can be easily put up in a very short time by any carpenter.

In all doubtful cases not under continuous supervision the following points are worth remembering.

Window cords should be removed. They have been used for strangulation.

Door-handles should be taken off on the inner side. As the invalid will require visiting at regular intervals, and if asleep should not be disturbed, it must be seen to that the door-handles and locks work silently and easily and that the door does not creak. Gas brackets and pendants should be arranged so that suspension from them is impossible, and gas taps should be out of the patient's reach.

Fireplace.—This, and more especially if the patient be epileptic or very feeble, should be protected by a large fire-guard. Unless the case be one in whom full confidence is placed she should never be left alone with a fire. Safety matches should be used and they should be sharply looked after.

Chamber Utensils.—It is sometimes desirable that these should be made of india-rubber, or some similar material, and not of crockery.

Clothing of the Patient.—In the most acute stage thick flannel-lined combinations are best and will keep the patient warm however restless she may be. We thus escape the painful struggles to keep her dressed or in bed. As soon as ever possible ordinary clothing should be used. It will probably be necessary for a while to sew the dress at the back in order to prevent the patient from stripping herself. When able to be taken out laced boots should be used and the laces tied securely. If the patient became excited out of doors and got her boots off it would not be an easy matter for the nurse to replace them.

Feeding Cups, etc.—During the very acute stage when probably only fluids will be taken, some form of feeding cup will be required. The ordinary shape with the rounded spout is not always suitable, although it is useful for nasal feeding either by itself or with the tube attached. One of the most convenient forms is that of an ordinary butter-boat with rather long spout. Feeding cups for the insane should not be made of crockery but of some such material as Britannia-metal which does not chip off nor crack between the teeth when bitten. The arrangements for special means of feeding will be attended to by the medical man. Probably fork and spoon will be used when the very acute stage is past, and then if there be no special suicidal or homicidal tendency the use of ordinary forks and knives will be permitted under close supervision. It is as well that the knives should not be very sharp, but it is sometimes beneficial to allow the patient to see that some confidence is put in her. In these exceptional cases the special forms of knife and fork should be used, in which the length of the fork prong is limited and the knife is pointless and has only a portion of the blade sharpened.

Wet-packing (p. 125) is a form of treatment which will be found very useful in private cases. The nurses will probably be obliged to get in outside help and it would be well to have a rehearsal, showing the strangers the method fully before beginning on the actual patient.

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